

<b>Case Number:</b>	CM13-0034083		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker has a date of injury of 3/7/12. He was seen by his primary treating physician on 8/28/13. The patient is status post arthroscopic surgery (discectomy and debridement) to both knees and reported no changed in symptoms but was tolerating modified work duties. Physical exam was not documented during the visit and was said to be unchanged from the visit of 7/26/13. Diagnoses were right and left knee surger with residual, hypertension and stress/anxiety/depression. The patient was to continue Wellbutrin and Ambien and a prescription for a solar car FIR for his knee was given and is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**DURABLE MEDICAL EQUIPMENT SOLAR CARE FIR HEATING SYSTEM, FIR HEAT PAD, PORTABLE, USE DAILY AS NEEDED. RECOMMENDED 6-8 BOUTS PER DAY (PURCHASE FOR THE PATIENT AS LONG TERM USE IS MOST BENEFICIAL): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 48, 331.

**Decision rationale:** According to the MTUS/ACOEM Guidelines, during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. For knee inflammation, heat can also be effective. In this case, there is no documentation of inflammation and the patient's date of injury is well beyond the acute to subacute phase of injury. The request for a solar care FIR heating system is not medically necessary and appropriate.