

<b>Case Number:</b>	CM13-0035400		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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.

### 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 patient is a 51 year old female with date of injury 4/2/13. The current request for DME solar care FIR heating system for purchase right knee was denied by utilization review on 10/8/13 based on lack of medical necessity. Handwritten PTP report from [REDACTED] dated 8/26/13 indicates the patient has right knee pain with clicking. The 7/24/13 PTP report requests authorization for solar care FIR knee. A comprehensive narrative report dated 6/24/13 states that the right knee MRI performed on 6/11/13 reveals a tear of the posterior horn of the medial meniscus; advanced chondrosis and small fluid in the pre-patellar bursa.

### 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 To Be Purchased, Right Knee:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The patient presents with a chronic history of right knee pain. She has positive MRI findings for medial meniscus tear and a diagnosis was given by [REDACTED] of right knee MMT, chondrosis and prepatellar bursitis. Multiple reports were reviewed from [REDACTED], specifically his 7/24/13 report requesting solar care FIR knee. There is no

documentation found indicating that the patient has had any benefit from applying heat to the knee for her condition. The MTUS, ACOEM and the ODG guidelines do not specifically address the solar care FIR heating system. The ODG guidelines do recommend use of cold and heat packs for pain but "solar care FIR" appears to a type of a heater for home use. The ODG under durable medical equipment states "recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment below". "Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature". In this case, the heating unit requested is an environmental modification and not considered medical in nature. Recommendation is for denial.