

Case Number:	CM13-0043420		
Date Assigned:	12/27/2013	Date of Injury:	05/05/2003
Decision Date:	06/24/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/24/2013

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 Orthopaedic Surgery 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 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 is a 48 year-old individual who was injured on May 05, 2003. It is noted that the injury was impingement syndrome of left shoulder and right knee strain. The initial progress report presented 20 hours of therapy had previously been completed, the medications were refilled and there is no overall change in the clinical picture. An abnormality to sleep health/hygiene (14/24) is reported. The injured worker was discharged from a rehabilitation medical center in October, 2013. Persistent low back and right foot pain is noted and an orthotic is being used for the right foot. Muscle testing is noted to be 5/5 and within normal limits throughout the lower extremities and a full range of motion of the bilateral ankles is reported. An arthroscopic surgery to the subtalar joint of the right ankle was performed for sinus Tarsus of the left foot and a right ankle sprain. The left ankle injury was noted to be nonindustrial. Topical medications were deployed. Several different pain management modalities were applied for, to include facet blocks which were not certified as per prior UR decision dated October 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLAR CARE INFRARED HEATING PAD PURCHASE:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM, pages 118-120 of 127.

Decision rationale: There is no support in either, ACOEM, MTUS, ODG or other literature for this type of device. There is no noted efficacy with a trial unit and the previous attempts at pain control have failed. Therefore, the clinical provided for review is insufficient to support this request. Therefore, the request is not medically necessary.