

Case Number:	CM13-0054186		
Date Assigned:	12/30/2013	Date of Injury:	01/10/2013
Decision Date:	04/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation 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:

This is a 52-year old gentleman with a date of injury of 1/10/13. Mechanism of injury was moving a vanity, when the patient twisted his left arm/hand. He initially complained of pain at the left wrist/thumb, and was diagnosed with left wrist sprain and left thumb strain. Conservative care was initiated, including medications, cold packs, a thumb spica splint, and modified activity. Therapy was later initiated due to persistent symptoms. By 3/15/13, the patient was referred for orthopedic consult due to persistent symptoms. MRI was done on 4/09/13, and showed degenerative changes and a possible partial tear at the scapholunate ligament. Orthopedic consult was done on 4/10/13, and there was significant relief following a Final Determination Letter for IMR Case Number [REDACTED] diagnostic injection. There was no change in diagnosis, and continued conservative care was recommended. Unfortunately, the ortho specialist later stated that the patient did not have a good response to the injection, and decided to refer to a hand specialist. The hand specialist saw the patient on 8/20/13 and diagnosed a Triangular Fibrocartilage Complex (TFCC) injury with mild ulnar impaction. Continued conservative care with consideration of a TFCC injection was made. The following month, the patient transferred to a Physical Medicine & Rehabilitation specialist, who ordered the Durable Medical Equipment (DME) in question on 10/28/13. This was submitted to Utilization Review on 11/07/13 and non-certification was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLAR CARE FIR HEATING SYSTEM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand (updated 5/8/13), Heat Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (Revised) (Chapter 6, Chronic Pain), page(s) 170; Official Disability Guidelines (ODG) Low Back, Infrared therapy (IR).

Decision rationale: The CA MTUS and California ACOEM Chapters are silent on infrared therapy; therefore, consideration was given to documentation from the revised ACOEM 2nd edition chapter on chronic pain, and ODG. Infrared Therapy is not recommended for treatment as there is insufficient evidence that supports this over other forms of heat therapy that are less expensive to administer. Medical necessity of the Solar Care FIR heating System is not established.