

<b>Case Number:</b>	CM13-0060104		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Orthopedic 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 claimant is a 52 year old male injured in a work related accident on April 15, 2013. The clinical records provided for review included a clinical assessment on July 9, 2013 by [REDACTED] noting a diagnosis of lumbago and right knee pain. The physical examination showed restricted lumbar range of motion with tenderness to palpation and diminished sensation over the posterior thigh and right posterior calf. The knee examination revealed a mild effusion with crepitation and tenderness over the medial joint line and patellar tendon. The claimant's working assessment was status post prior L5 to S1 fusion in 2009, status post right knee arthroscopic intervention with partial medial meniscectomy in 2013 with continued complaints of pain. The documentation indicated that treatment specific to the claimant's lumbar spine was for a heat therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF HEAT THERAPY UNIT:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment in Worker's comp: 18th Edition, 2013 Updates: low back procedure - Heat therapy

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines they recommend heat therapy in the acute setting, but that the studies show no significant benefit for the use of this modality in the chronic course of care. Given the timeframe from injury, the treatment rendered to date and current examination findings, the specific request for a heat therapy unit would not be supported.