

Case Number:	CM13-0061100		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2004
Decision Date:	05/09/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/04/2013

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, 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 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 patient is a 64-year-old female with a date of injury of 12/30/2004. The listed diagnoses per [REDACTED] are left total knee replacement, status post right shoulder arthroscopy from 01/10/2013, cervical spine radiculopathy to bilateral upper extremities and low back pain with radiculopathy to bilateral lower extremities. According to report dated 10/28/2013 by [REDACTED], the patient presents with continued and increased left knee and low back pain. The patient also complains of abdominal pain and constipation. Examination revealed patient had difficulty with rising from a sitting position. Gait was antalgic favoring on the left lower extremity. The patient moved with difficulty and stiffness. The left knee was tender over the medial joint line, lateral joint line, popliteal fossa, and subpatellar. There was noted positive enema in the left medial joint line. It was noted the patient was considered permanent and stationary on 06/28/2013 and was placed on modified duties with restriction. The provider recommends SolarCare FIR heating system 6 to 8 hours per day for purchase. The patient's medication regimen includes Ultram 50 mg, Prilosec 20 mg, and Cyclo Keto Lido topical cream.

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, 6-8 HOURS/DAY FOR PURCHASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG REGARDING INFRARED THERAPY

Decision rationale: This patient presents with continued left knee and low back pain. The provider is requesting a Solar Care FAR-infrared heating system. The ACOEM and MTUS guidelines do not discuss Infrared therapy. Therefore, ODG guidelines were referenced. ODG regarding infrared therapy states, "Not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise)." In this case, the patient's low back pain is now well into the chronic phase. ODG states a limited trial may be considered for treatment of "acute LBP." In addition, this heat modality is not recommended over other heat therapies. Recommendation is for denial.