

<b>Case Number:</b>	CM13-0071658		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/19/2006
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Occupational Medicine 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 an employee of [REDACTED] and has filed a claim for rotator cuff tear of the right shoulder associated with an industrial injury date of July 19, 2006. Treatment to date has included right shoulder arthroscopy, subacromial decompression, physical therapy, pain medications, biofeedback therapy, psychotherapy, FCE, and acupuncture. Medical records from 2012-2013 were reviewed showing the patient receiving arthroscopic surgery for the right shoulder with subsequent postoperative physical therapy and acupuncture. The patient was reported to have increased range of motion and stability with the postoperative regimen. The patient also complains of neck and low back pain. There was noted mild improvement with these symptoms following the right shoulder surgery. On examination, the range of motion for the right shoulder is minimally reduced. Motor strength for the right shoulder with regards to abduction and external rotation were noted to be at 4/5. Utilization review from December 9, 2013 denied the request for Solar Care FIT Heating System. Reasons for denial were not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOLAR CARE FIT HEATING SYSTEM:** 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), Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** The CA MTUS does not address hot/cold wraps specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Cold/heat packs was used instead. The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain. For the first few days for acute pain complaint use the home application of cold packs. Thereafter, application of heat packs or cold packs. In this case, it is unclear what the solar care fit heating system actually is based on the documentation. There is no progress report to discuss the nature of this request. Given the lack of information, the request for solar care fit heating system is not medically necessary.