

Case Number:	CM14-0008743		
Date Assigned:	02/12/2014	Date of Injury:	07/09/2013
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 Pain Management, 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 patient with a date of injury of 7/9/13. A utilization review determination dated 1/3/14 recommends non-certification of a Solar Care infrared heating pad purchase. A 12/12/13 medical report identifies mild improvement in cervical, thoracic, and lumbar spine and bilateral shoulders with chiro, increased bilateral knee pain, positive popping, clicking, and locking up. Declined steroid injections to bilateral knees at this time. No objective findings are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A SOLAR CANE INFRARED HEATING PAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Neck pg. 532, Shoulder pg. 555, Forearm and Wrist and Hand, pg. 635, Back pg. 28, and Knee pg. 1015, and Official Disability Guidelines (ODG), Shoulder (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS and ACOEM do support the at-home application of heat. However, within the documentation available for review, there is no clear rationale

identifying the medical necessity of a high-tech infrared heating pad rather than a simple low-tech device such as hot pack in the management of the patient's cited injuries. In the absence of such documentation, the currently requested for purchase of a solar cane infrared heating pad is not medically necessary.