MAXIMUS Federal Services

Case Number:	CM14-0109456		
Date Assigned:	08/01/2014	Date of Injury:	09/15/2008
Decision Date:	10/07/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/14/2014

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, and is licensed to practice in Texas. 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 45 year old male who sustained an industrial injury on 9/15/2008 from a fall, now more than 6 year post DOI. He is status post L4 partial laminectomy in January 2009. The medical records include diagnoses of grade 1 retrolishesis at L4-5 and L5-S1, 5mm disc bulge at L4-5, and morbid obesity. On 4/14/2014, a right-sided L4 and L5 TFESI was administered under fluoroscopy. According to the PR-2 dated 7/1/2014, the patient states that pain continues. Objectively, prior medical records are reviewed. A physical examination is not documented in this report. Diagnoses are s/p LS arthroscopic surgery, bilateral shoulder impingement syndrome, and CTS. According to the 7/24/2014 PR-2 the patient complains of 8/10 pain L/S pain, radicular to the bilateral feet, and N/T and weakness in the bilateral lower extremities. He reports he fell on 7/23/2014 and sustained injuries, due to legs giving out. Bilateral shoulder pain is rated 7/10, N/T in both hands, and left knee pain rated 8/10. Functionally, no change since last exam. Physical examination documents no distress, observed WNL, morbidly obese, erect posture, difficulty raising from sitting, antalgic gait, tenderness in the lumbar and shoulders, 5/5 motor strength, deceased lumbar and bilateral shoulders ROM with pain, and positive Hawkin's and Neer's bilaterally. Several interventions and treatments are requested, including SCS trial, updated EMG/NCS, ESWT for shoulder, IM consult, forward wheeled walker, Supartz injection to left knee, and continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **FIR heating system:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 306-310. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Infrared therapy (IR), Heat therapy

Decision rationale: The CA MTUS/ACOEM guidelines recommend self-application of heat or cold in the initial stages. According to the Official Disability Guidelines, infrared heat is not recommended over other heat therapies. In addition this heat device does not meet the criteria of a DME, it is not medical in nature. The submitted medical records do not provide a rationale for the requested heating system. Simple at home applications of heat can suffice for delivery of heat therapy. The medical literature does not substantiate an IR solar heat source device is medically necessary for the management of the patient's injury. The medical necessity of this request is not established.