

<b>Case Number:</b>	CM14-0113425		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	11/05/2001
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 51-year-old female who sustained an industrial injury on 11/05/2010. The mechanism of injury was while pulling a cart of trash bags weighing 250 pounds the handle broke. Her diagnoses include right elbow, right shoulder, and neck pain. She is s/p right shoulder arthroscopic subacromial decompression, excision of acromioclavicular joint arthroplasty, rotator cuff debridement, intra-articular injection and Marcaine pump catheter placement. She continues with neck and right shoulder pain. On physical exam the neck is tender to touch with pain with range of motion. The right shoulder has pain with range of motion. Sensory exam of the upper extremity is normal. Treatment has included medications, physical therapy, chiropractic therapy and acupuncture. The treating provider has requested a Solar Care FIR Heating System for the cervical spine and right shoulder.

### 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 for the cervical spine and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence:CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment.

**Decision rationale:** The guidelines note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation provided indicating the medical necessity for the requested Solar Care FIR Heating System. There has been no recent surgical procedure and the use of standard hot should be adequate for treatment. Medical necessity for the requested item has not been established. Therefore, the request for a Solar Care FIR Heating System for the cervical spine and right shoulder is not medically necessary and appropriate.