

Case Number:	CM14-0138241		
Date Assigned:	09/05/2014	Date of Injury:	03/15/2005
Decision Date:	09/25/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family 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:

56 yr. old female claimant sustained a work injury on 3/15/05 involving the shoulder, right knee and lumbar region. The claimant was diagnosed with shoulder impingement syndrome, lumbar strain and right knee chondromalacia. A progress note on 6/26/14 indicated the claimant had continued neck, right wrist, right shoulder and left shoulder pain. The claimant had been on Flexeril and Gabapentin for symptomatic relief. The treating physician requested an X-force solar care heating system and an X-force stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Solar Care FIR heating unit (for purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the ACOEM guidelines, at home heat applications are as effective as those performed by therapists. In addition infrared therapies are not recommended over other heat therapies. It may be used as a trial for low back pain. Based on the guidelines, the purchase of a Solar Care IR heating unit is not medically necessary.

1 X-Force simulator with garments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: The X-force stimulator is a dual modality unit with TENS function. According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a X-force stimulator is not medically necessary.