

<b>Case Number:</b>	CM14-0146260		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Interventional Spine 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 a 49 year old female with an injury date of 06/07/11. Based on the 07/08/14 QME report provided by [REDACTED], the patient complains of neck and bilateral upper extremity pain with headaches. Physical examination to the cervical spine revealed tenderness with some spasm and guarding from C5 to the trapezius muscles, on the right. Sensory exam to the upper extremities showed very slight decreased pinprick sensation on the volar aspect of the index finger on the right hand, compared to the left. Diagnosis 07/08/14:- cervical myofascial strain superimposed on moderate cervical rib on the left- right carpal tunnel syndrome- left wrist flexor tendinitis- lumbar myofascial strain superimposed on L5-S1 sclerosis and early facet arthropathy [REDACTED] is requesting decision for solar care FIR heating system. The utilization review determination being challenged is dated 08/29/14. The rationale is: "treating physician stated that he is prescribing solar care system to empower patient to become independent and help them take a role in the management of their symptoms; however there was no mention of the need for this heating device to empower the patient to become independent..." [REDACTED] is the requesting provider, and he provided treatment reports from 07/28/13 - 07/17/14.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Heat therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Low Back Chapter states: Infrared therapy (IR)

**Decision rationale:** The patient presents with neck and bilateral upper extremity pain with headaches. The request is for decision for solar care FIR heating system. Her diagnosis dated 07/08/14 includes cervical myofascial strain superimposed on moderate cervical rib on the left, right carpal tunnel syndrome, left wrist flexor tendinitis and lumbar myofascial strain superimposed on L5-S1 sclerosis and early facet arthropathy. MTUS is silent with regards to infrared therapy (IR), however ODG-TWC Low Back Chapter states: "Infrared therapy (IR) not recommended over other therapies." In review of medical records, treating physician has not documented reason for request, nor how it will be used. Furthermore, ODG does not recommend infrared therapy over other therapies. The request is not medically necessary.