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| Case Number: | CM14-0156864 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 03/14/2012 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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 29-year-old male with an injury date of 03/14/12. Based on the 05/09/14 progress report provided by [REDACTED] the patient complains of right groin mass with moderate to severe pain/burning and back pain. Physical examination of the lumbar spine revealed positive tenderness with muscle spasms over the paraspinal muscles, bilaterally. Range of motion was painful and restricted in all planes. Examination of the lower extremities showed patient to have full range of motion of the hips, knees, and ankles. Patient is currently taking ibuprofen and Tylenol. Diagnosis 05/09/14, lumbar spine sprain, strain, severe right lower quadrant pain: right inguinal hernia, acute abdomen. [REDACTED] is requesting Solar care fir hearing system - purchase. The utilization review determination being challenged is dated 09/10/14. [REDACTED] is the requesting provider and he provided frequent reports from 04/08/14 - 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLAR CARE FIR HEARING SYSTEM-PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The patient presents with right groin mass with moderate to severe pain/burning and back pain. The request is for solar care fir hearing system - purchase. His diagnosis dated 05/09/14 included lumbar spine sprain, strain and severe right lower quadrant pain: right inguinal hernia, acute abdomen.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, treater has not documented reason for request, nor how it will be used. Furthermore, ODG does not recommend Infrared therapy over other therapies. Recommendation is for denial.