

Case Number:	CM14-0023625		
Date Assigned:	06/11/2014	Date of Injury:	08/17/2007
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate this 44-year-old female was reportedly injured on August 17, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 27, 2014, indicates there were ongoing complaints of neck, right hand, upper extremity, back, abdomen, and right leg pain. The physical examination of the right shoulder demonstrated tenderness at the anterior deltoid and biceps tendon as well as the acromioclavicular joint. There was a positive impingement test. Range of motion was slightly decreased. There was a normal right upper extremity neurological examination. There was a diagnosis of right shoulder pain with probable superior labrum anterior posterior (SLAP) lesion and rotator cuff tendinitis status post arthroscopy. The treatment plan included medication refills of Norco, Motrin, Gabapentin and Soma. A request was made for the use of a Solar-care heating system and was denied on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR (1) PURCHASE OF SOLAR-CARE HEATING SYSTEM, HEAT PAD, PORTABLE, USE DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic (Acute & Chronic, Infrared therapy, updated June 10, 2014.

Decision rationale: The Solar-care heating system is an infrared type heating system. According to the Official Disability Guidelines, the use of heat therapy such as that provided by the Solar-care system is recommended as an option for treatment. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. It is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain but only if used as an adjunct to a program of evidence-based conservative care program. There is no specific mention for the use of either type of heat therapy for the shoulder. The record specifically states that the engine employs not participating in therapy at this time. Without any specific mention for the use of an infrared type heating system over regular heat system, the use of this system on the shoulder and evidence of other continued therapy this request for a Solar-care heating system is not medically necessary.