

Case Number:	CM14-0025170		
Date Assigned:	06/11/2014	Date of Injury:	06/25/2003
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 anesthesiology, has a sub specialty in Pain Medicine and is licensed to practice in California and 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 injured worker is a 65 year old male whose date of injury is 06/25/2003. He was applying plastic to a reservoir when he slipped and injured his low back. Treatment to date includes physical therapy, epidural steroid injections and medication management. He sustained a subsequent injury to his left knee and underwent arthroscopy on 04/29/07. He underwent back surgery on 08/23/07. He underwent left total knee replacement in 09/2011. Note dated 12/30/13 indicates that he complains of low back pain. Note dated 02/04/14 indicates that the injured worker complains of persistent back and knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SOLAR CARE HEATING SYSTEM: 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 Chapter, Cold/heat packs.

Decision rationale: Based on the clinical information provided, the request for 1 Solar Care heating system is not recommended as medically necessary. There is no current, detailed

physical examination submitted for review. There is no clear rationale provided to support the request at this time. There is no indication that the unit is to be utilized in conjunction with active therapy or a home exercise program as required by the Official Disability Guidelines.