

<b>Case Number:</b>	CM14-0037203		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Physical Medicine and 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 that this 30 year-old individual was reportedly injured on 1/13/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 2/28/2014 indicates that there are ongoing complaints of left shoulder pain. There was not a physical exam documented for this date of service. No diagnostic studies are available for review. Previous treatment includes medication, and conservative treatment. A request had been made for purchase of solar care far infrared heating system, and was not certified in the pre-authorization process on 3/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Solar Care Far Infrared (FIR) Heating System:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 211-214. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (A CO EM) California Guidelines Plus. Web-based version: Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** When considering the date of injury, the most recent physical examination offered and the lack of any competent, objective and independently confirmable medical evidence to suggest any efficacy, utility or benefit from such intervention, there is no clear

clinical data presented to support this intervention. As such, when noting the data presented, this request is deemed not medically necessary.