

Case Number:	CM14-0038040		
Date Assigned:	04/02/2014	Date of Injury:	02/26/2013
Decision Date:	05/08/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 54 year old female with date of injury 2/26/13. The treating physician report dated 3/7/14 indicates that the patient presents with bilateral knee pain rated 9/10 as well as headaches, neck pain, thoracic pain and lumbar pain. The utilization review report dated 3/18/14 denied the request for Infrared Therapy right knee 2x3 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

INFRARED THERAPY RIGHT KNEE: 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).

Decision rationale: The patient presents with chronic bilateral knee pain that is rated a 9/10. The request is for "infrared therapy," but the progress report discussing this request is missing from the file provided. A utilization review letter from 3/18/14 denied this request and the letter reviewed for infrared therapy 6 sessions. Per treater's report, the patient's MRI's showed bilateral meniscal derangements. The ODG regarding Infrared therapy states, "Not recommended over

other heat therapies." It is not recommended as an isolated treatment but may be used in conjunction with other treatments such as exercises and therapy. In this case, the request appears to be for infrared therapy on its own, which is not supported by the ODG. The request is not medically necessary and appropriate.