

Case Number:	CM14-0052143		
Date Assigned:	07/07/2014	Date of Injury:	01/15/2013
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family Medicine 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:

This is a 25-year-old male who reported an industrial injury on 1/15/2013, 19 months ago, attributed to catching his right hand and forearm against a door after receiving an electrical shock while driving a forklift. The patient suffered a crushing injury with a laceration. The patient underwent a radial nerve exploration and decompression. The patient has subsequently been treated with postoperative rehabilitation including 24 sessions of physical therapy. The patient was diagnosed with electrodiagnostic studies as having a right radial nerve palsy along with left carpal tunnel syndrome in mild left ulnar neuropathy. The patient is diagnosed with right radial nerve laceration was recovery of motor function and residual numbness, cervical and right shoulder sprain/strain, pectoralis major sprain/strain. The patient was prescribed a solar-care heating system purchase for the effects of the industrial injury.

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 (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition. Chapter: Low Back - Lumbar & Thoracic, Infrared therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 300,300,308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand chapter--heat therapy and cold/heat packs.

Decision rationale: There is no demonstrated medical necessity for the requested purchase of a Solar Care heating system for the treatment of the forearm, wrist, hand s/p laceration repair and radial nerve palsy as alternative methods for the application of heat are readily available. The reported injury is 19 months s/p DOI and there is no medical necessity for the prescribed Solar Care heating system at this time. There are many alternatives available over-the-counter utilizing heat packs or warm towels. There was no rationale supported by objective evidence to support the medical necessity of the prescribed solar care heating system over the readily available alternatives for heat therapy. There is no demonstrated medical necessity for the requested DME for the treatment of the patient for chronic pain. The prescription/dispensing of an electric heating pad or the Solar Care Heating pad is inconsistent with the recommendations of the CA MTUS, ACOEM Guidelines, and the Official Disability Guidelines. Everyday alternatives are readily available for the application of heat to the knee. The patient is able to provide heat to the back with warm towels, hot showers, or hot baths. There is no provided subjective/objective evidence that supports the medical necessity for the use of the heating pad at this stage of the industrial injury. Therefore, this request is not medically necessary.