

Case Number:	CM15-0135046		
Date Assigned:	07/23/2015	Date of Injury:	06/11/2014
Decision Date:	08/20/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51-year-old individual who sustained an industrial injury on June 11, 2014. They have reported wrist pain and groin pain and have been diagnosed with right de Quervain's, bilateral groin pain, and right carpal tunnel syndrome. Treatment has included acupuncture, physical therapy, injections, and medications. Objective findings note JAMAR right 22/28/22; left 42/44/4 tender right epicondyle was noted. Painful grip was also noted. The treatment request included purchase of solar care FIR heating system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Solar Care FIR heating system: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: Purchase of Solar Care FIR heating system is not medically. The American College of Environmental Medicine states that applications of heat and cold are recommended as

method of symptom control for joint complaints. Additionally, at home applications of cold during first few days of acute complaint are recommended; thereafter, application of heat or cold as patient prefers, unless swelling persists and then use cold. The ACOEM supports simple low- tech applications of heat and cold as opposed to the solar care FIR heating system being proposed. Finally, the claimant's condition is chronic. The ACOEM supports this therapy for acute conditions; therefore, the requested therapy is not medically necessary.