

<b>Case Number:</b>	CM15-0137635		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 37-year-old woman sustained an industrial injury on 4/1/2013. The mechanism of injury is not detailed. Diagnoses include status post right shoulder surgery, left shoulder sprain/strain, bilateral elbow sprain/strain with bilateral medial epicondylitis, left Guyon's canal syndrome, and bilateral carpal tunnel syndrome. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes on a PR-2 dated 6/18/2015 show complaints of bilateral shoulder pain rated 6/10, bilateral elbow pain rated 8/10, and bilateral wrist pain rated 8/10 with numbness, tingling, and weakness. Recommendations include physical therapy, acupuncture, further surgical intervention, Motrin, stop Gabapentin and Ketoprofen, solar care FIR, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solar Care FIR Heating System Shoulder 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, Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Diathermy Section.

**Decision rationale:** The MTUS guidelines do not address the use of solar care FIR heating system for the shoulder, therefore, alternative guidelines have been consulted. Per the ODG, Diathermy is not supported by any medical studies. Diathermy is a type of heat treatment using either short wave or microwave energy. It has not been proven to be more effective than placebo diathermy or conventional Heat therapy, therefore, the request for Solar Care FIR Heating System shoulder purchase is determined to not be medically necessary.