

Case Number:	CM15-0141602		
Date Assigned:	07/31/2015	Date of Injury:	04/20/2012
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: Emergency 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:

The injured worker is a 36 year old male, who sustained an industrial injury on 4-20-2012. The injured worker was diagnosed as having status post open reduction and internal fixation with hardware removal left leg. Treatment to date has included diagnostics, left knee anterior cruciate ligament reconstruction on 12-10-2012, hardware removal of the left tibia on 11-14-2013, chiropractic, physical therapy, acupuncture, and medications. Currently, the injured worker complains of increased left knee pain. No functional changes were noted since previous exam. Medications prescribed included Naproxen, Prilosec, and topical cream. Work status was modified and he was not working. The treatment plan included a Solar Care FIR Heating System purchase.

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 for purchase: 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) Low back: Infrared therapy (IR).

Decision rationale: Review of the Solar care website reveals that this is not a basic heating pad system but a system that claims to provide "Far Infrared" therapy in addition to heating. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines infrared therapy is not recommended. It provides no benefit beyond standard heat. There is no rationale as to why patient cannot use a simple heating pad and requires a special heating device. The request is not medically necessary.