

Case Number:	CM15-0146387		
Date Assigned:	08/07/2015	Date of Injury:	06/12/2012
Decision Date:	09/04/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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 61 year old female, who sustained an industrial injury on June 12, 2012. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having headaches, rule out lumbosacral osteoarthritis and right scapular pain. Treatment to date has included physical therapy, home exercise program (HEP) and medication. A progress note dated July 2, 2015 provides the injured worker complains of right shoulder pain rated 7 out of 10, low back pain rated 7 out of 10 and improved headaches. She reports physical therapy has been helpful Physical exam notes moderate distress, difficulty rising from sitting and an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from medical visits: 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 http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria_32_MedTrans.htm.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per California Department of Health Care Services manual, patient does not meet any criteria for nonemergency medical transportation. Patient does not have any medical condition that would prohibit the use of private or public transportation. The documentation provided does not support medical need for transportation.

Solar Care FIR heating system, right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic).

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: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, infrared therapy is generally not recommended as it provides no benefit over standard heat. While a basic heating pad may be recommended, there is no justification for a special device to provide this heat. Solar Care FIR heating system is not medically necessary.