

Case Number:	CM15-0181304		
Date Assigned:	09/22/2015	Date of Injury:	12/05/2014
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/15/2015

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: Connecticut, California, Virginia
 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 injured worker is a 35-year-old female who reported an industrial injury on 12-5-2014. Her diagnoses, and or impressions, were noted to include: cervical spine sprain-strain with radiation to the right upper extremity; right shoulder sprain-strain with impingement syndrome; right wrist-thumb contusion; and right "CMC" joint sprain. No current imaging studies were noted. Her treatments were noted to include: a functional capacity evaluation on 5-5-2015; physical therapy; medication management; and a return to modified work duties. The progress notes of 6-30-2015 reported: that she did not show up for physical therapy or acupuncture; cervical spine pain, rated 3 out of 10, that radiated to the right upper extremity, with numbness and tingling, weakness with the dropping of items; that her pain increased with lateral head turn; 3 out of 10 right shoulder pain, with click that increased with reaching and lifting; right thumb pain, rated 4 out of 10, with numbness tingling, weakness that increased with strong grip; and no change in functionality. The objective findings were noted to include as being on a separate sheet, but were not noted. The physician's requests for treatment were not noted. The Request for Authorization, dated 7-6-2015, was noted to include Solar Care FIR Heating System, FIR heat Pad, portable, use daily as needed, recommended 6-8 hours per day, purchase for the patient as long-term use is most beneficial, to empower her to become independent and to help her take a role in the management of their symptoms. The Utilization Review of 8-18-2015 non-certified the request for the indefinite use of Solar Care FIR Heating System unit.

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 (Indefinite use) Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Low Back, Lumbar and Thoracic (Acute & Chronic) updated 07/17/2015.

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.

Decision rationale: The Official Disability Guidelines address the use of heat therapy and recommend it as an option. While the guidelines state that that heat therapy has been found to be helpful for pain reduction and return to normal function, Infrared (IR) therapy is not recommended over other heat therapies. There is some evidence to support IR therapy in acute LBP, but the chronicity of this case, coupled with focal issues in the neck and shoulder, make it unlikely that a unit purchase will provide substantial clinical benefit in the long term. Therefore, the request to purchase a Solar Care machine for continued treatment is not considered medically necessary.