

Case Number:	CM15-0189829		
Date Assigned:	10/02/2015	Date of Injury:	10/04/2013
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/26/2015

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: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury on 10-04-2013. Current diagnoses include cervical spine sprain-strain, bilateral shoulder sprain-strain, right medial epicondylitis, and right wrist sprain-strain. Report dated 08-03-2015 noted that the injured worker presented with complaints that included constant cervical spine pain with radiation to the left shoulder, bilateral shoulder pain with popping and clicking, right elbow intermittent pain with radiation to the wrist, and right wrist-thumb pain. Pain level was 2-3 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-03-2015 was documented as no change since 06-29-2015. Previous diagnostic studies included multiple MRI's. Previous treatments included medications, shoulder injection, acupuncture, and physical therapy. The treatment plan included a request for an orthopedic consult, prescribed medications which included Voltaren and prilosec, and prescribed a solar care FIR for the wrist. Of note this report was hard to decipher. The utilization review dated 09-23-2015, non-certified the request for solar care FIR infrared heating system with pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care FIR Infrared Heating System with pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 12/15/11), Infrared therapy (IR) Page 53.

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 chapter under Infrared therapy.

Decision rationale: The 58 year old patient complains of pain in cervical spine, rated at 7/10, pain in bilateral shoulders, rated at 2/10, pain in right elbow, rated at 3/10, and pain in right wrist, rated at 3/10, as per progress report dated 08/03/15. The request is for solar care fir infrared heating system with pad. The RFA for this case is dated 08/25/15, and the patient's date of injury is 09/23/15. Diagnoses, as per progress report dated 08/03/15, included cervical sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain with osteoarthritis, bursitis and tendonitis, right medial epicondylitis, right wrist sprain/strain with De Quervain's syndrome, sleep disorder, and seasonal affective depression. Medication included Voltaren and Prilosec. Diagnoses, as per progress report dated 06/29/15, included adjustment disorder with anxiety and depression. The patient is temporarily totally disabled, as per progress report dated 08/03/15. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines in Low Back chapter under Infrared therapy states, "Not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute lower back pain, but only if used as an adjunct to a program of evidence-based conservative care - exercise." In this case, the request for Solar Care FIR infrared heating system is noted in progress report dated 08/03/15. The patient does suffer from cervical pain, bilateral shoulder pain, right elbow pain, and right wrist pain. The treater, however, does not explain why infrared heating system is preferred over conventional heat therapy. Additionally, the request appears to be for indefinite use but there is no documentation of a limited trail and its efficacy, as required by ODG. Hence, the request is not medically necessary.