

Case Number:	CM15-0025156		
Date Assigned:	02/17/2015	Date of Injury:	07/16/2013
Decision Date:	03/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 32 year old male, who sustained an industrial injury on 07/16/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include left wrist pain, status post radial open reduction and internal fixation, left knee severe patellar tendinitis, and headaches with loss of consciousness. Treatment to date has included medication regimen, above listed surgical procedure, and neurology consultation. In a progress note dated 11/11/2014 the treating provider reports persistent headaches and forgetfulness; stabbing pain with pins and needles to the head that is rated a ten out of ten; aching, burning pain with numbness, pins, and needles sensation in the left wrist that is rated an eight out of ten; and stabbing pain to the left knee that is rated a four out of ten. The treating physician requested the use of a Solar Care heating pad for the left wrist. On 02/02/2015 Utilization Review non-certified the requested treatment Solar Care FIR heating system purchase, noting the California, Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, page 265 and Official Disability Guidelines: Forearm, Wrist, Hand; Heat Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Solar Care FIR heating system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 256. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Heat Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation ODG, Wrist chapter and heat

Decision rationale: According to the guidelines, heat may be used a few days after the injury. In this case, the injury is a year ago. There is no indication for delayed heat application or indefinite long-term use. In addition, the Solar Care uses infrared energy which is not supported for use in the guidelines. As a result, the purchase of a Solar Care Heating system is not medically necessary.