

<b>Case Number:</b>	CM15-0083987		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Hawaii  
 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 51-year-old female who sustained an industrial injury on 02/18/14. Initial complaints and diagnoses are not available. Treatments to date include acupuncture and physical therapy, as well as medications. Diagnostic studies include a MRI. Current complaints include right shoulder, lumbar spine, and bilateral knee pain. Current diagnoses include cervical and lumbar sprain/strain, right shoulder rotator cuff tear, and spondylosis. In a progress note dated 04/02/15 the treating provider reports the plan of care as chiropractic treatments, consultations with internal medicine and orthopedics, schedule shoulder surgery, an, medications including Motrin, cyclo/tramadol cream, and solar care FIR for the knee. The requested treatment is the Solar Care FIR heating system for the knee.

### 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, knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Hot/cold packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Infrared Therapy.

**Decision rationale:** The patient presents with pain affecting the right shoulder, lumbar spine, and bilateral knees. The current request is for solar care FIR heating system, knee. The treating physician report dated 4/2/15(95B) does not provide a rationale for the current request. The MTUS guidelines do not address the IR therapy. The ODG guidelines have the following regarding IR therapy: "Not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise)." The medical reports provided do not show that the patient has ever been prescribed any form of IR therapy previously. In this case, while a limited trial of IR therapy may be reasonable, the current request does not specify a duration in which the Solar care FIR heating system is to be used, and the purchase of the above-mentioned equipment without documentation of functional improvement is not supported. Furthermore, the treating physician does not explain why the patient requires IR therapy over other heat therapies, in the documents provided. The current request is not medically necessary and the recommendation is for denial.