

Case Number:	CM13-0035059		
Date Assigned:	12/13/2013	Date of Injury:	12/19/2012
Decision Date:	05/21/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37-year-old male stall manager who sustained an industrial injury on December 19, 2012 when he hit his right arm/hand multiple times while chasing after a thief. He was diagnosed with a right 4th metacarpal fracture. The January 26, 2013 right wrist MRI documented synovial cyst formations in the lunate and triquetrum. The January 27, 2013 right shoulder MRI revealed supraspinatus tendinosis, acromioclavicular joint osteoarthritis, and subacromial/subdeltoid bursal effusion. The patient was involved in a non-industrial motor vehicle accident on March 19, 2013 with resultant concussion and injuries to the knees, ankles, wrists, back, and head. The September 6, 2013 AP report cited moderate to moderately severe subjective complaints of right shoulder pain with popping and clicking, right wrist, hand and ring finger pain, and left knee pain with popping and clicking. The patient had completed five (5) acupuncture visits, 24 chiropractic treatments, and 20 physical therapy sessions to date. The diagnosis was right shoulder sprain/strain, rule-out internal derangement, right wrist sprain/strain, status post right ring finger fracture, and left knee sprain/strain, rule-out internal derangement. The treatment plan recommended acupuncture, three (3) extracorporeal shock wave therapy (ESWT) sessions to the right wrist, MRIs of the right hand, wrist, shoulder and left knee, medications, psychology consult, and internal medicine assessment. A Solar Care far-infrared radiant (FIR) heating system was requested for the right shoulder.

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 FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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: Under consideration is a request for a Solar Care FIR heating system for the right shoulder. The Solar Care FIR system is a far-infrared home therapy unit. The California MTUS guidelines do not provide recommendations for heat therapy, including infrared therapy, in chronic injuries. The Official Disability Guidelines specifically address infrared therapy and state that it is not recommended over other heat therapies. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of the Solar Care FIR heating system over a simple heat pack or pad. Therefore, this request for a Solar Care FIR heating system for the right shoulder is not medically necessary.