

<b>Case Number:</b>	CM13-0038622		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 60-year-old male who sustained a work related injury on 04/30/2008. The patient's diagnosis was reported as status post bilateral total knee arthroplasty. The clinical information indicates the patient underwent surgical intervention in 09/2012 followed by postoperative physical therapy. Subjectively, the patient reported improvement with physical therapy. Objectively, the patient had marked quadriceps atrophy and limited range of motion of the bilateral knees. Treatment recommendations included continuation of physical therapy. A request for authorization was made for a DME solar care FIR heating system.

### 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 bilateral knees for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** ACOEM guidelines recommend "at-home local applications of cold packs in first few days of acute complaints knee complaints and applications of heat packs thereafter." The clinical provided indicates the patient underwent bilateral total knee arthroplasty in 09/2012

followed by postoperative physical therapy. There is no objective documentation submitted for review but there has been a flare up of knee symptoms. Additionally, there is no indication that infrared heat for knee complaints is superior to the use of cold and heat packs. Given the above, the request is not supported. As such, the request for Solar Care FIR heating system is non-certified