MAXIMUS Federal Services

Case Number:	CM14-0148358		
Date Assigned:	09/18/2014	Date of Injury:	03/27/2006
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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 Occupational Medicine 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:

This is a 53-year-old male with a 3/27/06 date of injury. A specific mechanism of injury was not described. According to a handwritten progress note dated 7/31/14, it was noted that the patient continued to suffer from chronic neck pain, low back pain, and bilateral shoulder pain for over 8 years. Objective findings: illegible. Diagnostic impression: impingement syndrome, strain to the neck and low back. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 8/28/14 denied the request for Solarcare heat wrap. The medical necessity to buy this device is considered not apparent. The doctor has not provided any reasonable rationale for this.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Solarcare FIR (far-infrared) heating system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.solarcareihs.com

Decision rationale: CA MTUS and ODG do not address this issue. According to an online search, Solarcare infrared heating system is a cordless, rechargeable therapy wrap that provides pain relief on the go. It helps the body respond to the strain/injury by increasing blood circulation of high-energy waves, tissues are safely and gently stimulated to increase blood flow within the treated area. However, a specific rationale identifying why this specialized product is required in this patient despite lack of guideline support was not provided. Therefore, the request for Purchase of Solarcare FIR (far-infrared) heating system was not medically necessary.