

Case Number:	CM14-0166072		
Date Assigned:	10/13/2014	Date of Injury:	03/18/2011
Decision Date:	11/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 51-year-old female with a 3/18/11 date of injury. At the time (8/29/14) of request for authorization for DME Solar Care FIR Heating System, there is documentation of subjective (moderate bilateral knee pain with popping and clicking, and giving out of the right knee) and objective (tenderness to palpation over the medial and lateral joint lines of both knees and decreased strength of the quadriceps bilaterally) findings, current diagnoses (status post arthroscopy of bilateral knees and osteoarthritis of bilateral knees), and treatment to date (injections, activity modification, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Solar Care FIR Heating System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Heat Other Medical Treatment Guideline or Medical Evidence: Clinical Coverage Guideline--Heating Pad Systems

(https://www.wellcare.com/WCAssets/corporate/assets/ccg/ccg_heating_pad_systems_10_2013.pdf)

Decision rationale: MTUS reference to ACOEM guidelines identifies that at-home local applications of cold packs in first few days of acute complaints and thereafter, applications of heat packs, as methods of symptoms control for knee complaints; and that patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. ODG identifies a review of physical therapy for knee arthritis which concluded that heat improved disability and quality of life, but did not improve pain, gait, joint and composite function measures. Medical Treatment Guidelines identifies that infrared heating pad systems are not considered medically necessary for all indications. Therefore, based on guidelines and a review of the evidence, the request for DME Solar Care FIR Heating System is not medically necessary.