

<b>Case Number:</b>	CM15-0171445		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	01/18/2015
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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  
 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 27 year old male, who sustained an industrial injury on January 18, 2015. He reported left knee pain and weakness with radiation to the left shin. He also reported giving way and locking. The injured worker was diagnosed as having left knee contusion, sprain and internal derangement. Treatment to date has included acupuncture, physical therapy, diagnostic studies and medication. On July 29, 2015, the injured worker complained of left knee pain rated a 6 on a 1-10 pain scale. The pain was described as constant, throbbing and sharp. Treatment recommendations included physical therapy two times a week for three weeks, continuing acupuncture, medication, consideration for an injection and solar care FIR heating system. On August 18, 2015, utilization review denied a request for solar care FIR heating system 6-8 hours per day 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 6-8 hours per day for 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 (ODG), Low Back, Infrared therapy (IR).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Low-Level Laser Therapy (LLLT).

**Decision rationale:** Per Guidelines, infrared therapy remains experimental and investigational as meta-analysis studies concluded that there are insufficient data to draw firm conclusions about the effects of infrared therapy and due to a lack of adequate evidence in the peer-reviewed published medical literature regarding the effectiveness of infrared therapy. Submitted reports have not adequately demonstrated medical indication or necessity beyond guidelines recommendations. The Solar care FIR heating system 6-8 hours per day for knee is not medically necessary and appropriate.