

Case Number:	CM15-0174699		
Date Assigned:	09/16/2015	Date of Injury:	12/16/2002
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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 54 year old female who sustained an industrial injury on 12-16-2002. According to a progress report dated 07-02-2015, the injured worker reported lumbar spine pain rated 5-6 on a scale of 1-10. The spinal cord stimulator was helpful. Left foot pain was rated 7. She was scheduled for a second opinion ortho consult to see if removal of the anchor in the left heel would be beneficial. The injured worker's electric scooter could not be fixed and she required a new one. She was operating the scooter manually which was causing pain in the bilateral upper extremity. There was no functional change since the last examination. The treatment plan included a new scooter. According to partially legible handwritten progress report dated 08-12-2015, the provider noted that the injured worker had a new scooter and was now able to get round. Spinal cord stimulator was helpful with decreased pain. Diagnoses included lumbar spine sprain strain with spasm, spinal cord stimulator revision, left heel debridement with history of osteomyelitis, left Achilles repair, left knee pain, status post left tibial crest bone graft. The treatment plan included Solar Care FIR. The injured worker was temporarily totally disabled. An authorization request dated 08-13-2015 was submitted for review. The requested services included Solar Care FIR Heating System, FIR heat pad, portable use daily as needed, recommended 6-8 hours per day, purchase as long term use is most beneficial. On 08-26-2015, Utilization Review non-certified the request for Solar Care FIR heating system (foot-ankle)- indefinite use quantity 1.

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 (foot/ankle)-indefinite use QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cold/heat packs.

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 chapter under infrared therapy.

Decision rationale: The 59 year old patient complains of foot pain, and has been diagnosed with plantar fasciitis of the right foot due to overuse; left calcaneal fracture; chronic left ankle sprain/strain; osteomyelitis; painful gait; status post rupture of the Achilles tendon; status post reattachment of tile left Achilles tendon; status post left lateral calcaneal exostectomy with removal of fixation and sural nerve decompression; and wound dehiscence status post exostectomy of the left calcaneus; as per podiatric progress report dated 08/12/15. The request is for solar care fir heating system (foot / ankle)-indefinite use QTY: 1. The RFA for this case is dated 08/13/15, and the patient's date of injury is 12/16/02. The patient is status post spinal cord stimulator implantation on 04/13/15, as per the operative report. Diagnoses, as per primary care physician's progress report dated 08/12/15, included lumbar spine sprain/strain with spasm, SCS revision, left hand debridement, left Achilles repair, left knee pain, status post left tibial crest curettage bone graft, depression and panic disorder. Medications included Norco, Neurontin, Soma, Wellbutrin and Anaprox, as per progress report dated 08/05/15. The patient is temporarily totally disabled, as per progress report dated 08/12/15. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines in Low Back chapter under infrared therapy states, "Not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute lower back pain, but only if used as an adjunct to a program of evidence-based conservative care -exercise." In this case, the request for the FIR heating system is noted in progress report dated 08/12/15 from the patient's primary care physician. The patient does complain of foot and ankle pain, and is status post multiple surgeries. The treater, however, does not explain why infrared heating system is preferred over conventional heat therapy. The request is for indefinite use but there is no documentation of a limited trial and its efficacy, as required by ODG. Hence, the request is not medically necessary.