

Case Number:	CM15-0179549		
Date Assigned:	09/21/2015	Date of Injury:	04/17/2015
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 52-year-old who has filed a claim for shoulder and wrist pain reportedly associated with an industrial injury of April 17, 2015. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for Solar Care FIR Heating System with associated heating pad. The claims administrator referenced an RFA form received on August 28, 2015 and an associated progress note of August 14, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated June 4, 2015, the applicant was placed off of work, on total temporary disability, while topical compounds and dietary supplements were endorsed. The note was difficult to follow, handwritten, and not altogether legible. On July 8, 2015, the applicant was again placed off of work, on total temporary disability. Large portions of the progress note were difficult to follow and not altogether legible. Multifocal complaints of shoulder and wrist pain were reported. The applicant was asked to follow up with a psychologist.

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 with FIR heating pad: 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), Shoulder pain.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: No, the proposed Solar Care FIR Heating System with associated pad was not medically necessary, medically appropriate, or indicated here. The primary pain generators here were the shoulder and wrist. While the MTUS Guideline(s) in ACOEM Chapter 9, Table 9-3, page 204 and ACOEM Chapter 11, Table 11-4, page 264 both recommend applications of heat as a method of symptom control for applicants with shoulder, forearm, wrist, and/or hand complaints, as were/are seemingly present here, by implication, the MTUS Guideline(s) in ACOEM Chapter 9, Table 9-3, page 204 and ACOEM Chapter 11, Table 11-4, page 264 do not support more elaborate devices such as the Solar Care FIR Heating System for the purposes of delivering heat therapy. The MTUS Guideline in ACOEM Chapter 11, page 265 further notes that applicants at-home applications of heat and cold packs are as effective as those performed by a therapist or, by implication, those delivered via high-tech system such as the item at issue. The attending provider failed to furnish a clear or compelling rationale which would support provision of this device in the face of the unfavorable ACOEM position(s) of the same. Therefore, the request was not medically necessary.