

Case Number:	CM13-0020154		
Date Assigned:	10/11/2013	Date of Injury:	06/26/2012
Decision Date:	06/16/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/04/2013

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, has a subspecialty in Pain 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:

The injured worker is a 55 year old female with a date of injury of June 26, 2012. The injured worker's diagnoses include right shoulder sprain, right wrist sprain, and right hand sprain. There is documentation of sprain of the TFCC. The patient also reportedly had an upper extremity electrodiagnostic study that was non-diagnostic for pathology according to a progress note in February 2014. The disputed issue is a request for a solar care heating unit for the wrist.

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 FOR WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Citation: ODG, Wrist Chapter, Heat Therapy.

Decision rationale: The California Medical Treatment and Utilization Schedule does not specifically address heat therapy units. The Official Disability Guidelines indicate that heat packs may be recommended. The guidelines recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. For arthritic hands, superficial moist heat and cryotherapy can be used as a palliative therapy. These conclusions are limited by methodological considerations such as the poor quality of trials. In the case of this request, national evidence-based guidelines do not support the use of heat therapy units over less expensive measures such as superficial moist heat. There is limited evidence for this type of heating unit, and this request is not medically necessary.

