

Case Number:	CM13-0056872		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2007
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational 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 patient is a 44 year-old male with date of injury 11/07/2007. The most current medical record, a primary treating physician's progress report, dated 10/25/2013, lists subjective complaints as worsening neck and right shoulder pain. The patient states that he cannot lift his head while lying down and that his neck pain radiates downward with accompanying burning. Examination of the right shoulder and neck revealed decreased and painful range of motion, myospasm and TTP. Trigger points were identified in the superior portion of the trapezius, bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERA CANE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Massage.

Decision rationale: The Theracane is a handheld, self-massager that is used on the neck and back. The Official Disability Guidelines recommend massage as an option as an adjunct to an

exercise program, although there is conflicting evidence of efficacy. The medical record documents no participation in an exercise program; in addition, the ODG and MTUS typically do not recommend activities that are not medical treatment or that are not monitored by medical professional. The Theracane is not medically necessary