MAXIMUS Federal Services

| Case Number: | CM14-0151355 | | |
|---|---|---|---|
| Date Assigned: | 10/14/2014 | Date of Injury: | 07/11/2012 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/03/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

## 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:

There were 118 pages provided for this review. The application for independent medical review was from September 16, 2014. The utilization review was from September 3, 2014. Per the records provided, this patient had a chief complaint of right upper extremity complex regional pain syndrome. Musculoskeletal symptoms remained unchanged as of the last visit; no physical examination details were noted. The patient had been given a clinical impression and diagnosis of complex regional pain syndrome of the upper limb and adhesive capsulitis. The patient was injured when pushing on a very obese individual to allow an endoscopy to navigate. The date of the injury was July 11, 2012. Current medicines were not documented. No surgeries were noted. No diagnostic imaging or other therapies were noted. The reason for the requests is not documented.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nikken Kenko Power Chip:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 of 127.

**Decision rationale:** This device is a series of small magnets set within a larger matrix that is also magnetic. Magnetic fields are thought to have healing properties. The MTUS, however, notes they are not recommended as there is poor research confirmation of effectiveness. In fact, biomagnetic therapy is considered investigational. The data from randomized, placebo-controlled clinical trials fails to demonstrate that biomagnetic therapy results in improved health outcomes for any type of pain. Biomagnetic therapy has been proposed for the relief of chronic painful conditions; it is proposed that magnets, worn close to the skin, create an electromagnetic field within the body that suppresses pain. Given this care is investigational and using untested and unconfirmed treatments on this claimant, the request is not medically necessary and appropriate.

**Handheld rolling massager:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

**Decision rationale:** Regarding massage therapy, the MTUS notes this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This device would presumably permit home massage, but studies on effectiveness are not noted. The objective long term effectiveness of past massage therapy likewise is not noted. The request is not medically necessary and appropriate.