

Case Number:	CM14-0153130		
Date Assigned:	09/23/2014	Date of Injury:	06/06/2014
Decision Date:	11/25/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 34-years old female who sustained an industrial injury on 06/06/2014. The mechanism of injury was repetitive use of the mouse and keyboarding. Her diagnosis is tenosynovitis of the right hand/wrist. On physical examination the examination of the right shoulder revealed forward flexion 100 degrees, elevation 180 degrees, external rotation 80 degrees with a positive impingement sign. There was no tenderness to palpation over the lateral and medial epicondyle. There was no tenderness over the cubital tunnel. Tinel's and Finkelstein tests were negative. Motor and sensory exam were normal. Treatment has included medical therapy and physical therapy. The treating provider has requested a TheraCane Massager.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theracane Massager: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://EzineArticles.com/5251116>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013- Treatments for massage

Decision rationale: The TheraCane Massager is a self- massager used to apply pressure to sore muscles. The unique body cane design of the TheraCane Massager lets you apply deep pressure massage too hard to reach areas of your body using two strategically placed projections and six treatment balls to help relieve pain. There is no specific indication for the requested item. Per the documentation, the claimant has improved with physical therapy with documentation of decreased pain scores and a functional improvement in range of motion. No severe limitations were noted on recent physical examination. The claimant can continue a home exercise program. There is no specific indication for a self-massager device. Medical necessity for the requested item has not been established. The requested item is not medically necessary.