

Case Number:	CM14-0060796		
Date Assigned:	07/09/2014	Date of Injury:	11/16/1998
Decision Date:	09/11/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 58-year-old female who was reportedly injured on November 16, 1998. The mechanism of injury was not listed in these records reviewed. The only physician progress note submitted, dated December 19, 2013, indicated that there were ongoing complaints of neck pain radiating to the right of the head, bilateral wrists, left low back, and bilateral knees, rated 4/10 to 7/10. The physical examination demonstrated tenderness to palpation of the cervical spinous processes, paraspinal muscle spasm, and spasm of the trapezius muscles bilaterally. Tenderness was also noted to the left sided low back with palpable paraspinal muscle spasm. Diagnostic imaging studies were not referenced. Previous treatment included pharmacotherapy. A request was made for a TheraCane device and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TheraCane related to Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://ncbi.nlm.nih.gov/pubmed/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWCODG

TreatmentIntegrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute Chronic) (updated 08/04/14) - Massage.

Decision rationale: Official Disability Guidelines (ODG) do address the mechanical massage devices. The TheraCane device is a deep pressure self-massaging device. The ODG guidelines specifically do not provide support for mechanical massage devices. Additionally, this reviewer can find no evidence-based studies that demonstrate the efficacy of this specific device. The requested device is not addressed by the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, or ODG and no articles addressing the use of this device can be found on <http://www.ncbi.nlm.nih.gov/pubmed/>. When noting the type of device, a lack of evidence-based medicine studies supporting its use, and the guideline position on mechanical devices for massage, there is no clinical indication for the requested device. As such, this request is not medically necessary.