

Case Number:	CM14-0069067		
Date Assigned:	07/25/2014	Date of Injury:	02/02/2005
Decision Date:	09/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/14/2014

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:

The patient is a 70-year-old female who has submitted a claim for lumbar spine sprain/strain, left shoulder sprain/strain, right shoulder rotator cuff tear, status post total knee arthroplasty (TKA) of the right knee (08/02/2005), status post TKA of the left knee (10/13/2009) associated with an industrial injury date of 02/02/2005. Medical records from 03/02/2014 to 05/07/2014 were reviewed and showed that patient complained of low back pain graded 2/10, bilateral shoulder pain graded 1/10, and bilateral knee pain graded 1/10. Physical examination of the shoulders revealed tenderness over the left acromioclavicular (AC) joint and deltoid and right anterior and superior shoulder girdle region and deltoid. Left shoulder range of motion (ROM) was slightly decreased. Manual Muscle Testing (MMT) of shoulder muscles was 4/5 bilaterally. Physical examination of the lumbar spine revealed tenderness over the L3-S2 parafacet vertebrae and paraspinal muscles. Lumbar spine ROM was decreased. Straight leg raise (SLR) test was negative bilaterally. Physical examination of the knees revealed well-healed incision scars bilaterally and mild edema over the medial region of the knee joint. MMT of lower extremities was 4-5/5 bilaterally. Restricted knee flexion was noted bilaterally. Right shoulder ROM was decreased in all planes. Electromyography/Nerve conduction velocity (EMG/NCV) study of bilateral lower extremities dated 03/28/2014 revealed left L4 and L5 radiculopathy and right L5 radiculopathy. Treatment to date has included TKA of the right knee (08/02/2005), TKA of the left knee (10/13/2009), physical therapy and transcutaneous electrical nerve stimulation (TENS). Utilization review dated 04/21/2014 denied the request for Thera Cane because the clinical findings do not appear to support the medical necessity of the treatment indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

TheraCane for Home Use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee; Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Durable medical equipment (DME) Other Medical Treatment Guideline or Medical Evidence: Thera Cane <http://www.theracane.com/index.html>.

Decision rationale: An online search indicates that Thera Cane is a deep pressure massager to treat trigger points associated with myofascial pain syndrome. Pressure applied to the muscles by the TheraCane helps to maximize the flow of oxygenated blood to the muscles, aiding in restoring muscle function by breaking up adhesions in muscle fibers and tendons. According to CA MTUS, massage therapy is recommended as an adjunct to other recommended treatment in attenuating diffuse musculoskeletal symptoms. There is lack of long-term benefit. According to ODG, durable medical equipment (DME) is recommended if there is a medical need. In this case, there was no objective evidence of diffuse musculoskeletal pathology or diagnosis of myofascial pain syndrome. It is unclear as to whether the patient is actively participating in functional restoration program. The guidelines only recommend Thera cane as adjunct to recommended treatment such as functional restoration program for cases with diffuse musculoskeletal symptoms. There is no clear indication for Thera cane use at this time. Therefore, the request for Thera Cane for home use is not medically necessary.