

<b>Case Number:</b>	CM14-0201680		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/05/1998
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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 43 year old female with an injury date of 03/05/98. Based on the 10/06/14 progress report provided by treating physician, the patient complains of neck, left upper extremity and left trapezius pain rated 7-8/10 without medications; and severe migraines that originate in the cervical spine and radiate into her face. Physical examination on 10/06/14 and 11/07/14 revealed patient has full strength in the upper extremity with coaxing, and allodynia throughout the left upper extremity. Tenderness noted over left levator scapula muscle with spasm. Patient wears sunglasses due to sensitivity to light. Patient's medications per treater reports dated 11/07/14 and 12/12/14 included Lyrica, Terocin patches, Fentanyl patch, Topamax, and Rizatriptan for migraine. Patient is on home exercise program and attends acupuncture. Treater requested Thera Cane in progress report dated 10/06/14. Patient is temporarily totally disabled. Diagnosis 10/06/14, 11/07/14, 12/12/14 - history of left upper extremity CRPS with radiation to the chest wall, posteriorly - left supraspinatus and subscapularis rotator cuff tears with SLAP tear and moderate AC arthritis and impingement - history of myofascial pain syndrome - likely left peroneal entrapment with subsequent foot drop - history of opioid dependency with previous history of suicidal ideation- anxiety - sleep dysfunction- SUNCT (short lasting unilateral neuralgia from headache attack with conjunctival injection and tearing) - chronic pain - reactive depression - hypertension, non-occupational - migraine headaches. The utilization review determination being challenged is dated 11/01/14. Treatment reports were provided from 04/02/14 - 12/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theracane:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg, DME.

**Decision rationale:** The patient presents with neck, left upper extremity and left trapezius pain rated 7-8/10 without medications; and severe migraines that originate in the cervical spine and radiate into her face. The request is for THERACANE. Patient's diagnosis on 10/06/14, 11/07/14, and 12/12/14 included left supraspinatus and subscapularis rotator cuff tears with SLAP tear and moderate AC arthritis and impingement; history of myofascial pain syndrome; and likely left peroneal entrapment with subsequent foot drop. Based on [www.theracane.com](http://www.theracane.com), the Thera Cane is a commercial product used by consumers/patient for self-trigger point massage and exercises. None of the guidelines including MTUS, ACOEM or ODG discuss this product. There were no guidelines in the internet discussing this product either. Regarding DME, ODG guidelines, Chapter Knee & Leg and Title DME, states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." Treater requested Thera Cane in progress report dated 10/06/14. There is no discussion in any of the guidelines to support medical use of this product. This does not serve medical use only. There is no support that this product can relieve pain, and improvement function. Per Labor Code 4610.5(2) definition of medical necessity: ""Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury..." Given that the requested Thera Cane does not meet ODG's criteria for DME, nor Labor Code definition of "medical necessity," the request IS NOT medically necessary.