

Case Number:	CM14-0061918		
Date Assigned:	07/09/2014	Date of Injury:	02/25/2014
Decision Date:	04/20/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 39 year old female, who sustained an industrial injury on 02/25/2014. She has reported subsequent right shoulder and neck pain and was diagnosed with right shoulder and neck strain. Treatment to date has included oral pain medication, acupuncture, chiropractic therapy, massage therapy and physical therapy. In a progress note dated 04/08/2014, the injured worker's condition was noted to be improved but slower than expected. The injured worker complained of pain in the neck and right shoulder and objective findings were notable for tenderness of the trapezius and deltoid muscles. A request for authorization of Theracane was submitted. On 04/23/2014, Utilization Review non-certified a request for Theracane on 4/8/2014, noting that there is no allowance in the guidelines for a self-massage device. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 Theracane DOS: 4/8/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage and Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation TheraCane deep pressure massager product information. <http://www.theracane.com>. Accessed 04/14/2015.

Decision rationale: A TheraCane is a specific device that provides deep pressure massage. The MTUS Guidelines discuss massage therapy as an option along with other recommended treatments, such as exercise. Massage is a passive intervention and treatment dependence should be avoided. The limited scientific studies available show contradictory results of benefit. The submitted and reviewed documentation indicated the worker was experiencing neck and shoulder pain. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for one theracane for the date of service 04/08/2014 is not medically necessary.