

Case Number:	CM15-0133378		
Date Assigned:	07/21/2015	Date of Injury:	09/08/2013
Decision Date:	08/17/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 was a 55-year-old female, who sustained an industrial injury, September 8, 2013. The injured worker previously received the following treatments functional restoration program, Cymbalta, Terocin cream and [REDACTED] Work Hardening program. The injured worker was diagnosed with left carpal tunnel syndrome, left chronic median mono-neuropathy, status post left carpal tunnel release. According to progress note of May 27, 2015, the injured worker's chief complaint was left wrist pain. The injure worker had a significant decrease in pain. The injured worker rate the pain at 2-3 out of 10. The injured worker attributes the decrease in pain to the [REDACTED] Work Hardening program. The injured worker was stretching and strengthening daily and increasing activity and trying to change her diet to eating healthier. The injured worker reported feeling a little depressed since self-stopping Cymbalta. The physical exam noted Tinel's testing was negative to the medial nerve and ulnar nerve at the elbow. The injure worker remained total temporary disabled until receipt of the Feinberg evaluation. The treatment plan included exercise equipment.

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: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 98-99.

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

Decision rationale: Theracane is exercise equipment prescribed for the claimant's wrist pillar pain. According to the guidelines, a Theracan is not considered medical in nature. There is no indication that routine therapy and home exercises cannot provide similar benefit. The request for a Theracane is not medically necessary.