

Case Number:	CM15-0135822		
Date Assigned:	07/23/2015	Date of Injury:	09/09/2008
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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: California

Certification(s)/Specialty: Emergency 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:

This is a 65-year-old female with a September 9, 2008 date of injury. A progress note dated June 11, 2015 documents subjective complaints (lower back pain; pain frequently radiates to the hips/groin/ bilaterally with tightness; bilateral lower extremity numbness and tingling to feet, right greater than left; occasional radiation to mid back), objective findings (antalgic gait; ambulates with rolling walker), and current diagnoses (lumbosacral joint/ligament sprain/strain; piriformis syndrome; thoracic sprain/strain; myofascial pain). Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, acupuncture, and psychotherapy. The treating physician documented a plan of care that included the purchase of Theracane for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Theracane for home use for purchase (DOS: 6/11/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.theracane.com/>.

Decision rationale: The requested Retrospective request for Theracane for home use for purchase (DOS: 6/11/15), is not medically necessary. CA MTUS and ODG are silent on this issue. <http://www.theracane.com/> noted this DME as an adjunct to massage therapy. The treating physician has documented subjective complaints (lower back pain; pain frequently radiates to the hips/groin/ bilaterally with tightness; bilateral lower extremity numbness and tingling to feet, right greater than left; occasional radiation to mid back), objective findings (antalgic gait; ambulates with rolling walker). The treating physician has not documented the medical necessity for massage therapy nor for this DME. The criteria noted above not having been met, Retrospective request for Theracane for home use for purchase (DOS: 6/11/15) is not medically necessary.