

<b>Case Number:</b>	CM15-0160805		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old female who sustained accumulative trauma industrial injury on 4-6-11 the result of sitting in a fixed position that was not ergonomically suitable, per utilization review. She currently complains of neck, shoulder, right sacroiliac, paralumbar pain radiating down both lower extremities. On physical exam there was mild weakness of the right shoulder; pain and tenderness of the cervical spine especially the right side; tenderness and pain with muscle guarding of the lumbar spine with decreased range of motion; pain in the right trochanteric region, straight leg raise on the right elicits pain. Medications were Lorzone, Savella, and Voltaren gel. Diagnoses include right upper extremity tendinopathy; cervical spine C5-6 foraminal stenosis; cervical sprain, strain with muscle guarding; right shoulder sprain, strain; impingement right shoulder; mild tenosynovitis right wrist (resolved); right trochanteric bursitis; lumbar sprain, strain with muscle guarding and non-verifiable radiculopathy; fibromyalgia. Treatments to date include psychotherapy sessions with improvement in her acceptance of her pain and in utilizing coping skills; functional restoration program; transcutaneous electrical nerve stimulator unit. Diagnostics include MRI of the cervical spine (12-12-11) showing spondylosis; MRI of the cervical spine (5-9-14) showing foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multiuse shoulder pulley with door attachment: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise and physical medicine Page(s): 46-47 and 98-99.

**Decision rationale:** The multiuse shoulder pulley with door attachment is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The ODG states that exercise equipment is considered not primarily medical in nature. The documentation do not reveal any specific functional deficits of the shoulder or extenuating circumstances that would necessitate a multiuse shoulder pulley with door attachment over a standard home exercise routine without equipment therefore this request is not medically necessary.

**Theracane: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 59. Decision based on Non-MTUS Citation <http://www.theracane.com/>.

**Decision rationale:** Theracane is not medically necessary per the MTUS Guidelines and a review of Theracane online. The online review states that this is a self-massager makes it easy to apply pain-relieving deep compression directly to hard, knotted "trigger points" anywhere they occur - breaking up tension even in the hardest-to-reach muscles between shoulder blades. The MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Due to the fact that the results are contradictory for long term efficacy of massage and beneficial effects are evidence only during treatment the medical necessity of Theracane has not been met and therefore is not medically necessary.