

<b>Case Number:</b>	CM15-0210388		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 worker is a 54 year old male who sustained an industrial injury on March 27, 2015. The worker is being treated for: cervicgia, cervical spondylosis, cervical internal disc disruption, chronic pain syndrome, status post hernia repair, and likely carpal tunnel syndrome on the right. Subjective: May 12, 2015 he reported complaint of with injury to abdomen, neck and bilateral arms, shoulder left leg and back pains. He states current symptoms "mid, upper back and neck pain." June 22, 2015 he reported is in more pain and has been taking "Hydrocodone and is constipated." He also reported having thoughts of harming himself. Objective: May 12, 2015 noted positive for anxiety, multiple awakenings during the night, irritability, nervousness, blurred vision and decreased sexual function. There is note of; loss of cervical lordosis, and a positive Phalen's on the right. Sensation to light touch noted diminished diffusely in the upper limbs. Diagnostic: EMG NCV. Medication: May 12, 2015: prescribed Pamelor, Tylenol. May 27, 2015: Diazepam. June 22, 2015: Cymbalta prescribed. Treatment: activity modification, medication, requested physical therapy, acupuncture, and FRP, TENS unit, psychological evaluation. On October 16, 2015 a request was made for the purchase of a theracane for the cervical spine that was non-certified by Utilization Review on October 23, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a theracane for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Activity Alteration, Follow-up Visits.

**Decision rationale:** Thera Cane is a self massage device used to decrease pain from tender, sore muscles. Guidelines are silent on this product and its treatment effectiveness. There is no evidence based studies on this DME product. In order to continue the treatment, the provider should identify clear objective documentation of functional improvement in the specific patient's condition as a result of the treatment provided. Documentation of functional improvement may be a clinically significant improvement in activities of daily living, a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Absent the above described documentation, there is no indication that the Thera Cane which has been prescribed and used is effective or medically necessary for this patient. The Purchase of a theracane for the cervical spine is not medically necessary and appropriate.