MAXIMUS Federal Services

Case Number:	CM15-0043064		
Date Assigned:	03/13/2015	Date of Injury:	04/09/2008
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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 injured worker is a 61-year-old female who reported an injury on 04/09/2008. The mechanism of injury was not provided. The prior therapies included physical therapy, a TENS unit, and a home exercise program, as well as epidural steroid injection. The most recent documentation was dated 11/10/2014, which revealed the injured worker could not function without her pain medication. The injured worker's sleep remained poor. The injured worker was noted to reveal benefit from Lunesta. The medications included Lyrica 25 mg 1 tablet daily, Nexium DR 20 mg 1 daily, Percocet 5/325 mg 1 tablet twice a day as needed, Voltaren 1% gel apply to the affected body part 2 to 3 times per day as needed, and Lunesta 2 mg 1 at bedtime. The injured worker was noted to undergo a medial branch block, medial branch radiofrequency neurotomy at C3-5 on the left on 05/15/2013. The injured worker underwent an MRI of the cervical spine. A physical examination revealed EHL strength of 4/5 bilaterally. The injured worker had ankle dorsiflexor strength of 4/5 on the left, abductor pollicis brevis, and abductor digiti minimi 4/5 on the left. The straight leg raise was negative. The diagnosis included low back pain, spinal lumbar DDD, lumbar radiculopathy. The treatment plan included medication management, and possible lumbar spine surgery. Additionally, the documentation indicated that the physician opined the injured worker would be a good candidate for a Functional Restoration Program. The injured worker was to continue her TENS unit. There was no documentation requesting the Thera Cane or documentation providing a rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thera Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Durable Medical Equipment Reference List.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need or if the device or system meets Medicare's definition of durable medical equipment, including that the unit is primarily and customarily used to serve a medical purpose and is not useful to an injured worker in the absence of illness or injury. Thera Cane is a massage device per the manufacturer's website, theracane.com. It would be considered a personal comfort item. It is not necessary primarily and customarily used to serve a medical purpose and it is useful to an injured worker in the absence of illness of injury. Given the above and the lack of documentation, the request for Thera Cane is not medically necessary.