

Case Number:	CM15-0046959		
Date Assigned:	03/23/2015	Date of Injury:	04/01/2001
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/12/2015

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 49-year-old female, who sustained an industrial injury on 04/01/2001. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 02/27/2015 the injured worker has reported neck and bilateral shoulder pain. On examination she was noted to have muscles aches and weakness and swelling in the extremities (shoulders and both hands). The diagnoses have included disorder of bursa of shoulder region, shoulder joint in and neck pain. Treatment to date has included right shoulder decompression surgery, medication, and home exercise program. The provider requested a foam roll and TheraCane for injured worker to help reduce muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 1 Theracane: Overturned

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 Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines, Neck & Upper Back Chapter, Exercises Shoulder Chapter, Exercises.

Decision rationale: Only one medical treatment report is provided dated 02/27/15, which states that the patient presents with neck, and bilateral shoulder pain s/p right shoulder decompression surgery of unspecified dated. Pain is aggravated with repetitive use and overhead use of the right upper extremity. The current request is for purchase of 1 Theracane. The RFA is not included; however, the 03/12/15 utilization review states it is dated 03/03/15. The report does not state if the patient is currently working. The MTUS, Exercise, page 46, 47 states, "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise." ODG, Neck & Upper Back Chapter, Exercises, states, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider." ODG, Shoulder Chapter, Exercises, states, "Recommended. Shoulder disorders may lead to joint stiffness more often than other joint disorders. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms." The treating physician states that the patient is to continue HEP and that this request is to allow for reduced muscle spasm. It is noted the patient had pain relief in the past with use of this item as part of participation in PT. In this case, exercise is supported by guidelines and the patient has received instruction with use of the Theracane through PT participation. The current request may be very beneficial as a treatment for this patient's painful condition. The request appears reasonable and is medically necessary.

Purchase of 1 foam roller: Overturned

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 Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines, Neck & Upper Back Chapter, Exercises Shoulder Chapter, Exercises.

Decision rationale: Only one medical treatment report is provided dated 02/27/15, which states that the patient presents with neck, and bilateral shoulder pain s/p right shoulder decompression surgery of unspecified dated. Pain is aggravated with repetitive use and overhead use of the right upper extremity. The current request is for purchase of 1 foam roller. The RFA is not included; however, the 03/12/15 utilization review states it is dated 03/03/15. The report does not state if the patient is currently working. The MTUS, Exercise, page 46, 47 states, "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise." ODG, Neck & Upper Back Chapter, Exercises, states, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider." ODG, Shoulder Chapter, Exercises, states, "Recommended. Shoulder disorders may lead to joint stiffness more often than other joint disorders. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms." The treating physician states that the patient is to continue HEP and that this request is to allow for reduced muscle spasm. It is noted the patient had pain relief in the past with use of this item as part of

Participation in PT. In this case, exercise is supported by guidelines and the patient has received instruction with use of the foam roller through PT participation. The current request may be very beneficial as a treatment for this patient's painful condition. The request appears reasonable and is medically necessary.