MAXIMUS Federal Services

Case Number:	CM15-0235048		
Date Assigned:	12/10/2015	Date of Injury:	01/30/2014
Decision Date:	01/19/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/01/2015

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 51 year old female who sustained an industrial injury on 1-30-14. She is not working. Medical records indicate that the injured worker has been treated for chronic pain syndrome; spondylosis without myelopathy; osteoarthritis; lumbosacral or thoracic neuritis or radiculitis, unspecified. She currently (10-28-15) had no subjective complaints. She was ambulating with a cane with a pain level of 4 out of 10, and was at the visit for a Thera Cane. In the 10-20-15 note, the injured worker complained of constant low back pain that interferes with her ability to walk and in the performance of her activities of daily living. Medication, oxycodone, allows her to tolerate activities of daily living. The physical exam dated 7-7-15 revealed tenderness to palpation of the lower lumbar spine, tenderness of the right sacroiliac joint with positive Faber bilaterally and limited range of motion. Her pain levels were consistent at 4 out of 10 from 8-11-15 through 10-28-15. Treatments to date include medications: oxycodone, Lidoderm patches, omeprazole, Norco, cyclobenzaprine; chiropractic sessions without benefit; ultrasound treatments with benefit; status post L4-5 lumbar fusion. The request for authorization dated 10-28-15 was for a Thera Cane. On 11-25-15, Utilization review non-certified the request for a Thera Cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective theracane: Overturned

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 Official Disability Guidelines (ODG) Shoulder (Acute and Chronic) Chapter, under Home Exercise Kits and Other Medical Treatment Guidelines www.theracane.com.

Decision rationale: Based on the 10/20/15 progress report provided by the treating physician, this patient presents with constant low back pain rated 4/10. The treater has asked for Retrospective Thera Cane on 10/28/15. The patient's diagnoses per request for authorization dated 10/28/15 are lumbar other intervertebral disc, radiculopathy thoracic region, sprain of other parts of lumbar spine, and myofascial/myalgia pain. The patient is taking Oxycodone 5mg 3-4 times a day, which has been helpful for pain relief and allows her to tolerate activities of daily living per 10/20/15 report. The patient cannot go to the grocery store anymore, and needs family members to run errands for her per 9/24/15 report. The patient is currently ambulating with a cane per 10/28/15 report. The patient had a prior L4-5 lumbar fusion of unspecified date per 7/7/15 report. The patient is to return to modified work on 10/28/15 according to progress report of the same date. MTUS, ACOEM and ODG guidelines do not discuss the Thera Cane. www.theracane.com states the Thera Cane is a commercial product used by consumers/patient for self-trigger point massage and exercises. ODG-TWC, Shoulder (Acute and Chronic) Chapter, under Home Exercise Kits states, "Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. In this RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. (Holmgren, 2012)" ODG-TWC, Knee (Acute and Chronic) Chapter, under Durable Medical Equipment states, "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home." The treater does not discuss this request in the reports provided. Per 10/28/15 report, the patient presents with chronic low back pain and is diagnosed with lumbosacral or thoracic neuritis or radiculitis, chronic pain syndrome, and lumbar spondylosis w/o myelopathy, osteoarthritis. Physical exam on 10/28/15 was unchanged from prior exam on 7/7/15, which showed tenderness to palpation of lower lumbar spine, sensation grossly intact to light touch in L2-S1 distribution bilaterally, and limited range of motion with negative straight leg raise bilaterally. According to the manufacturer's website, Thera Cane is a hand held cane shaped massager with six ballpoints. The non-mechanical massager allows the patient to self-use to apply pressure and massage muscles. The Thera Cane is a simple and cost effective tool for patients to self-massage. MTUS and ODG do support massage therapy as well as exercises. Hence, the request for Thera Cane is reasonable and in line with guideline recommendations. Therefore, the request is medically necessary.