

Case Number:	CM14-0159322		
Date Assigned:	11/25/2014	Date of Injury:	06/09/2008
Decision Date:	02/04/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old male who was injured at work on 06/09/2008. The injured worker is reported to be complaining of back and knee pain. The back pain is rated at 6-8/10, it occasionally radiates down the back of the left thigh with tingling. The left knee pain is a constant 6/10 pain with popping and weakness due to pain. The physical examination revealed tenderness to touch midline of the lower spine with paraspinal tightness, SLT 40degrees on the left and 60 degrees on the right; decreased sensation at L4/L5, S1 on the left, left knee arthroscopic scars, and tender joint line with positive McMurray for internal meniscus. The worker has been diagnosed of postop chronic pain, discogenic back pain, lumbar radiculitis, status lumbar decompression surgery, chronic left knee pain, internal meniscal tear of the left knee status post surgeries x3 2009, 10, 11; Depression. Treatments have included TENs unit, Norco until about four months ago when it was discontinued, fenoprofen, flexeril, omeprazole, and Zoloft . At dispute is the request for TheraCane for trigger point therapy, QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TheraCane for trigger point therapy, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: The injured worker sustained a work related injury on 06/09/2008. The medical records provided indicate the diagnosis of postop chronic pain, discogenic back pain, lumbar radiculitis, status lumbar decompression surgery, chronic left knee pain, internal meniscal tear of the left knee status post surgeries x3 2009, 10, 11; Depression. Treatments have included TENs unit, Norco until about four months ago when it was discontinued, fenoprofen, flexeril, omeprazole, Zoloft. The medical records provided for review do not indicate a medical necessity for TheraCane for trigger point therapy, QTY: 1. ThereCane is a handle held device used in massaging a painful area. The MTUS and the Official Disability Guidelines do not make specific mention of Theracane, but the MTUS does not recommend back-specific exercise machines or therapeutic stretching for the treatment of back disorders. Additionally, TheraCane was not found in other guidelines. Therefore, the requested treatment is not medically necessary.