

<b>Case Number:</b>	CM14-0191807		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 65 year-old female who was injured on 1/5/10 according to the utilization review. A summary listed her date of injury as 7/23/09 due to cumulative trauma. She complains of neck pain and numbness down her right upper extremity to her fingers with intermittent cramping of her right hand forming a claw. On exam, she had decreased range of motion of her neck, spasm and tenderness of the right side of the cervical spine, trapezius, and rhomboids, with slightly decreased motor strength of the right elbow, decreased light touch sensation over the right C5 dermatome, and no reflexes bilaterally. She was diagnosed with intervertebral disc disorder with myelopathy of the cervical region, cervical spinal stenosis, cervical strain and brachial neuritis or radiculitis. She had improvement with physical therapy, home exercise program, and a TENS unit. Her medications include Lidoderm patches, Gabapentin, Butrans patch, Norco, and advil. Butrans was discontinued due to gastrointestinal side effects and samples of Flector were given. The patient paid out-of-pocket for massage therapy. The current request is for the purchase of a Theracane for myofascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theracane for Myofascial Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Massage Therapy..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** Theracane is a self-massage device. As per MTUS guidelines, there is no "high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage." Recommended physical modalities include stretching, specific neck exercises for range of motion and strengthening, aerobic exercises, and 1-2 physical therapy visits for education and evaluation of home exercise. The patient is currently undergoing physical therapy with improvement and will likely continue with a home exercise program. She is paying out of pocket for massage therapy without documentation of whether or not symptoms are improving. She is already undergoing recommended conservative therapy. Therefore, the request for Addition of a Thermacane is not medically necessary.