

Case Number:	CM14-0219318		
Date Assigned:	01/09/2015	Date of Injury:	10/14/2011
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73 year old female sustained a work related injury on 10/14/2011. According to a therapy report dated 11/26/2014, the injured worker was there for her second session out of six. Diagnoses included adhesive capsulitis of shoulder and closed fracture of upper end of humerus. The injured worker reported that she was feeling the same. On a scale of 0-10, pain was rated a 5 with rest, 7 with activity and was located at the left shoulder, posterior upper quarter and cervical area. Previous physical therapy session increased discomfort with evaluation. A home exercise program was started with gentle stretching and release from first visit. Active range of motion of the right shoulder was 90 degrees with flexion 15 degrees with extension and 80 degrees with abduction and the ROM was limited due to pain, glenohumeral joint mobility was 1/6 with restrictions in inferior glide. The injured worker had completed two of six authorized treatment. Her authorization was expired. Recommendations included Physical therapy and Theracane for adhesive capsulitis of shoulder. Per the PT note dated 1/2/15 she had neck spasm and she was able to perform more exercise. The patient's surgical history include: shoulder surgery, right hand tendon repair and left hand trigger finger release. The medication list include: Ibuprofen, Tizanidine, Topamax, Tramadol, Levothyroxine and Folic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theracane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical methods and page 300. Decision based on Non-MTUS Citation Chapter: Low Back (updated 03/03/15) Massage

Decision rationale: Request: Theracane: Theracane is a therapeutic massager. Per the ACOEM guidelines cited below Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS)units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Per the cited guidelines Mechanical massage devices are not recommended. (Furlan-Cochrane, 2002) (Werners, 1999) (Cherkin, 2001) (Cherkin-Annals, 2003) (Sherman 2004).Therefore there is no high grade scientific evidence to support the use of theracane for this diagnosis. The injured worker had completed two of six authorized treatment. In addition, response to previous conservative therapies including PT is not specified in the records provided. Previous conservative therapy notes including PT notes were not specified in the records provided. The medical necessity of the request for Theracane is not fully established in this patient.