

<b>Case Number:</b>	CM15-0170470		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/04/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2015

### 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: North Carolina  
 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:

The injured worker is a 22 year old male, who sustained an industrial-work injury on 6-4-15. He reported initial complaints of back pain with fall along with right shoulder pain. The injured worker was diagnosed as having contusion of scapular region, hip, and lumbosacral-joint, ligament sprain-strain. Treatment to date has included medication, physical therapy (8 sessions), transcutaneous electrical nerve stimulation (TENS) unit, and acupuncture. X-rays of shoulder on 6-4-15 were reported to be negative. MRI (magnetic resonance imaging) of cervical region reported minimal disc degeneration and facet arthropathy, and loss of lordosis. Currently, the injured worker complains of 7 out of 10 pain that is constant but decreased with medication. Medication included Gabapentin, Naproxen, and Omeprazole. Pain was located in the back and right shoulder. PT (physical therapy) sessions are mildly beneficial. Per the primary physician's progress report (PR-2) on 7-28-15 notes decreased range of motion in the lumbar spine and right shoulder and tenderness in the lumbar paraspinal muscles, diffuse pain in the right hip. The follow up note on 8-3-15 demonstrated no changes in symptoms with visit for self TPT trial (trigger point therapy). On 8-3-15, exam notes no changes. On 8-17-15, Ultrasound therapy #2 was given to shoulder and lumbar area. Current plan of care includes ultrasound, diagnostic results, and continuation of meds. The Request for Authorization date was 8-3-15 and requested service included Theracane TPT (trigger point therapy) self-massager. The Utilization Review on 8-18-15 denied the request for TPT trial therapy since there are no specific provisions for this device as durable medical equipment per CA MTUS or ODG (Official Disability Guidelines) or peer reviewed evidence for use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Theracane TPT (trigger point therapy) self massager:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) 2015: DME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore criteria have not been met per the ODG and the request is not medically necessary.