

Case Number:	CM15-0078151		
Date Assigned:	04/29/2015	Date of Injury:	11/11/2014
Decision Date:	07/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/23/2015

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 (IW) is a 52 year old female who sustained an industrial injury on 11/11/2014. She reported pain in the right upper extremity, left hip and left knee. The injured worker was diagnosed as cervical neck pain, left hip sprain/strain; cervical radiculitis, left knee sprain strain, right shoulder rotator cuff tear, right CTS/myofascial pain. Treatment to date has included physical therapy with minimal benefit, acupuncture which was more helpful with significant relief of the left knee pain and slight relief of left hip, and medication which caused gastrointestinal upset and was discontinued. Currently, the injured worker complains of knee, shoulder and wrist and neck pain. She is receiving chiropractic care with oral and topical medications. A heating pad trial and Theracane are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theracane: Overturned

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

Page(s): 60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg and Title DME and Other Medical Treatment Guidelines Theracane.com.

Decision rationale: This patient presents with right upper extremity, left hip, wrist, neck and left knee pain. The current request is for Theracane. The Request for Authorization is dated 04/13/15. Treatment to date has included physical therapy with minimal benefit, acupuncture which was more helpful with significant relief of the left knee pain and slight relief of left hip, and medication which caused gastrointestinal upset and was discontinued. The MTUS, ACOEM and ODG guidelines do not discuss Theracane massager in specific. A search on the web (Theracane.com) states Theracane massager is a hand held deep pressure self-massager, described as "easy to apply pain-relieving deep compression directly to hard, knotted trigger points anywhere they occur." Regarding DME, ODG guidelines, Chapter Knee & Leg and Title DME, states that "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." DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." The Theracane does not seem to have any other purpose than to treat the medical condition. It appears to meet the ODG definition of DME. Theracane is a hand held cane shaped massager with six ball points. The non-mechanical massager allows the patient to self-use to apply pressure and massage muscles. The Theracane is a simple and cost effective tool for patients to self-massage. MTUS and ODG do support massage therapy as well as exercises. The request for Theracane is medically necessary.