MAXIMUS Federal Services

Case Number:	CM14-0168990		
Date Assigned:	10/17/2014	Date of Injury:	04/01/2007
Decision Date:	11/26/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and fibromyalgia reportedly associated with an industrial injury of April 1, 2007. The applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for "vibration therapy." The claims administrator stated that it was basing its decision on a September 23, 2014 RFA form and associated progress note. In a September 3, 2012 Medical-legal Evaluation, it was acknowledged that the applicant was no longer working and was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. It was suggested that the applicant was using a variety of medications, including Percocet, Restoril, tramadol, aspirin, vitamins, AndroGel, Lipitor, and Norvasc. The remainder of the file was surveyed. The bulk of the information on file comprised of historical Medical-legal Evaluations. The September 23, 2014 progress note and/or RFA form on which the request at issue was initiated was not incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vibration Therapy once weekly.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the prescribing provider to furnish a prescription for physical therapy which "clearly states treatment goals." In this case, however, the attending provider's prescription did not clearly state treatment goals. It was not stated precisely what the vibration therapy represented and/or why precisely it was being sought. While it is acknowledged that the progress note and/or RFA form in which the request in question was initiated were not incorporated into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.