

Case Number:	CM14-0169897		
Date Assigned:	10/20/2014	Date of Injury:	04/01/2007
Decision Date:	11/28/2014	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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is a cumulative trauma injury between 2004 and 2007. The diagnoses include fibromyalgia, hypertension, asthma, and thoracolumbar degenerative disc disease. The current treatment under review is the necessity of a Vibe plate. The medical records provided include multiple agreed medical evaluations. A utilization review or application for independent medical review or applicable and corresponding physician treatment notes have not been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vibe plate purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC 2014 DME durable medical equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, pages 30-34

Decision rationale: Official Disability Guidelines/Treatment in Workers Compensation/Pain does not discuss Vibe plate as treatment for chronic pain. The current available documents are very limited and do not include treating physician notes or other documents to support a rationale

as to why this treatment has been requested. Therefore, at this time there is no clinical information available to support an indication for the requested treatment. This request is not medically necessary.