

Case Number:	CM15-0129927		
Date Assigned:	07/16/2015	Date of Injury:	04/18/2012
Decision Date:	08/12/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old male, who sustained an industrial injury on April 18, 2012. The injured worker was diagnosed as having lumbosacral sprain/strain, right knee strain/sprain and lumbosacral or thoracic neuritis or radiculitis Treatment to date has included medication, home exercise program (HEP) and ice/heat therapy. A progress note dated June 3, 2015 provides the injured worker complains of low back and right knee pain. He rates his back pain 10/10 without medication and his knee pain 9/10 without medication. He reports not being able to get out of bed without taking medication and that a significant weight gain is causing difficulty with home exercise program (HEP). Physical exam notes the injured worker appears to be in mild to moderate discomfort. There is tenderness on palpation of the lumbar pain with spasm and decreased range of motion (ROM). There is tenderness of the right knee with weakness and decreased range of motion (ROM). The plan includes exercise program, Transcutaneous Electrical Nerve Stimulation (TENS), home exercise program (HEP), medication and ice/heat therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise program, full body vibration times 10 minutes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Whole body vibration (WBV) exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Whole body vibration (WBV) exercise.

Decision rationale: The claimant sustained a work-related injury in April 2012 and continues to be treated for low back and right knee pain. When seen, there was lumbar spine and right knee tenderness. There was decreased range of motion and lumbar muscle spasms. A full body vibration treatment was provided. Whole body vibration (WBV) exercise can be recommended as an optional form of exercise therapy if desired by the patient. A gym membership and home exercise equipment may be considered. In this case, the treatment provided was not requested by the claimant. A single treatment rather than an exercise program is being requested. It was not medically necessary.