

<b>Case Number:</b>	CM13-0011512		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 physician 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 claimant is a 54-year-old male presenting with right knee pain following a work-related injury on April 4, 2011. The claimant reports that his injury is the result of repetitive movements required by his job. The claimant underwent right knee surgery in October 2011. The pain is described as constant, aching, shooting, stabbing, numbing and crawling sensation in his knee. The claimant has tried pain medications, braces, casts, physical therapy, and exercise program. The claimant reports depression associated with his chronic pain. The claimant's physical exam was significant for guarding due to pain when transferring from a sitting to a standing position, significant antalgic gait on the right side, slight effusion of the right knee, slight end range limitation on the right side, 4-5 strength in the right knee, 4-5 strength in the right ankle dorsiflexor, positive McMurray sign on the right and medial aspect of the knee, allodynia over the medial aspect of the right calf, and tenderness to palpation in the right medial aspect of the knee joint space. The claimant was diagnosed with right knee pain, deep vein thrombosis with post phlebotic syndrome, sprain/strain of the right knee, patellar chondromalacia, and grade 1-2 medial meniscus tear. The provider noted that the claimant has a significant loss of ability independently resulting from his chronic pain and required help for home duties. The provider recommended that the claimant be given an opportunity to receive interdisciplinary pain treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Months HELP Remote Care- Weekly call to IW and follow-up visit-4 hours: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Functional Restoration Program Page(s): 31, 49.

**Decision rationale:** MTUS Chronic Pain Guidelines state that functional restoration programs such as the HELP program are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. "The program is the type of treatment included in the category of interdisciplinary pain programs for patients with chronic disabling occupational musculoskeletal disorders. These programs emphasized the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psychosocial intervention. Treatment in these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Page 31 of MTUS Chronic Pain Guidelines also states that while functional restoration programs are recommended, research remains ongoing as to what is considered a gold standard content for treatment, the group of patients that benefit most from this treatment, the exact timing of when to initiate treatment, the intensity necessary for effective treatment, and cost effectiveness. For this unclear determination for the actual structure of functional restoration programs, although recommended, the previous reviewer's decision is overturned. The claimant's medical records demonstrated a sufficient amount of progress with 3 weeks of treatment; therefore it seems both appropriate and cost effective to transition to 4 months HELP remote care-weekly call to IW in follow-up visit- 4 hours. The request for 4 months HELP remote care-weekly call to IW and follow-up visit-4 hours is medically necessary and appropriate.