

Case Number:	CM13-0031767		
Date Assigned:	12/04/2013	Date of Injury:	02/01/2010
Decision Date:	02/11/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine and Rehabilitation, 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:

This is a female patient with a date of injury of 2/1/10. A utilization review determination dated 9/26/13 recommends non-certification of a chronic pain and rehab program. A progress report dated 10/7/13 identifies subjective complaints including chronic pain affecting the shoulder and bilateral knees. She has undergone multiple surgeries. Current medication is overall helping her at rest, but she is having breakthrough pain with any kind of physical activity. The fentanyl patch is helping without any significant side effects. Current intensity of symptoms is 5-6/10. Objective examination findings identify tenderness to palpation over the AC joint and posterior capsular region with limited ROM of the left shoulder at 50-70% in forward flexion and abduction. The knee exam reveals mild swelling and tenderness over the patellofemoral region with positive joint crepitus with movement. Muscle strength is 4/5 in bilateral knee flexion and extension. Diagnoses include bilateral knee medial meniscal tear with internal derangement; s/p multiple right knee surgery with persistent right knee pain; left knee sprain/strain; s/p left shoulder surgery with shoulder pain; and chronic pain syndrome. Treatment plan recommends fentanyl patch, capsaicin topical cream, a chronic pain rehab program, and urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic pain and rehab program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 & 49.

Decision rationale: Regarding the request for a chronic pain and rehab program, California MTUS supports chronic pain programs/functional restoration programs when: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the documentation available for review, the patient was noted to have 5-6/10 pain with benefit from the fentanyl patch, although physical activity causes breakthrough pain. There is limited ROM of the shoulder and tenderness of the knee with 4/5 strength in flexion and extension. However, none of the criteria above have been clearly met, as there is no documentation of a pain and rehab program evaluation completed, an absence of other treatment options, a significant loss of independent functional ability, lack of candidacy for additional surgery or other treatments, motivation to change, and negative predictors of success having been addressed. In the absence of such documentation, the currently requested chronic pain and rehab program is not medically necessary.