

Case Number:	CM13-0037231		
Date Assigned:	12/13/2013	Date of Injury:	09/05/2012
Decision Date:	05/21/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal 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 patient is a 33 year old male with date of injury on September 05, 2012 when he fell and landed on his left knee. The fall resulted in an anterior cruciate disruption and meniscus tear. He failed to have conservative care at first and a surgery was performed on February 12, 2013. Standard post operative rehabilitation was undertaken and the patient returned to full-time work without restrictions. He was not treated with any chronic opioid or non-opioid medications. The orthopedic surgeon cleared him and felt no further intervention is needed. The request is for an interdisciplinary pain program.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 WEEKS OF ██████ INTERDISCIPLINARY PAIN REHABILITATION PROGRAM (PART TIME TUESDAY-FRIDAY 9AM-4PM EQUATING TO 2 FULL WEEKS):

Upheld

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, Page(s): 30-34.

Decision rationale: The California MTUS guidelines state that chronic pain programs can be quite effective for patients at risk for delayed recovery and are motivated to return to work. The patient has had a surgical procedure for his anterior cruciate ligament (ACL) injury and completed a course of physical therapy. The documentation provided states that he is back at work full time without restrictions and his orthopedist has cleared him at this time. Based on the data provided, the guidelines for a chronic pain program have not been met and the request is not medically necessary.