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| Case Number: | CM13-0039086 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 06/29/2011 |
| Decision Date: | 02/06/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 23-year-old male with a date of injury of 06/29/2011. UR letter dated 09/12/2013 recommends denial for the HELP program. Patient has diagnoses of chronic left knee pain, chondromalacia of patella of the left knee and is status post transverse fracture of the left tibia. According to report dated 07/12/2013 by [REDACTED], patient presents with left knee and left foot pain. Examination showed slight fullness of the left posterior knee. Left knee ROM presented well with only mild crepitations, reflexes was 2/4 knee jerk over the ankle, 4/5 to 5/5 strength in left LE. Positive patellar grind test and positive patellar apprehension sign noted. Patient's past treatment to date includes pain medication, braces/casts, massage, psychotherapy, and chiropractic therapy. It was noted that therapies was "improving his condition". Patient's current medication includes Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with HELP (Health Education for Living with Pain) Program: 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 Page(s): 31-32.

Decision rationale: This patient presents with left knee and foot pain. Progress report dated 07/12/2013, states patient is highly motivated to return to work and therefore, a HELP program evaluation is recommended. MTUS pg 30-32 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. In this case, the patient does not meet the criteria for the program; therefore, an evaluation would not be indicated. Medical records show that the patient was released to full duty by [REDACTED] on 02/15/2012 with x-rays showing completely healed fracture. Then on 03/16/2012 [REDACTED] [REDACTED] found no objective findings and stated patient "might have symptom magnification" and was again released to full duty. MRI dated 11/05/2012 showed minimal left knee joint effusion. Most recent PR dated 07/12/2013 by [REDACTED], found no significant objective findings. There are no descriptions of any functional loss. MTUS requires as a criteria, significant loss of ability to function independently resulting in patient's chronic pain. Recommendation is for denial.