

<b>Case Number:</b>	CM13-0058024		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/01/2006
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 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 45 year old man who sustained a work related injury on October 1 2006. He subsequently developed right knee pain. He underwent right knee surgery with knee replacement. His pain and swelling increased. His physical examination demonstrated an improvement of his range of motion. The patient completed trials of physical therapy without full control of the pain. The provider requested authorization for one-time interdisciplinary pain management evaluation with HELP FRP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One-time interdisciplinary pain management evaluation with HELP FRP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic Pain Programs, early intervention, Guidelines Assessing Red Flags and Indication for Immediate Referral, pg. 171.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for

using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)". There is documentation that the employee's response to physical therapy is outside the established norms for recovery from knee surgery. Furthermore, the provider reported improvement of the employee's function with physical therapy. There is no clear evidence that the employee requires functional restoration program. Therefore the request for a one-time interdisciplinary pain management evaluation with HELP FRP is not medically necessary.