

Case Number:	CM13-0070578		
Date Assigned:	01/03/2014	Date of Injury:	04/19/2011
Decision Date:	04/25/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/24/2013

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 Family Practice 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 reported an injury on 04/19/2011. The patient was reportedly injured when he stepped off his truck and experienced a pop in his left knee. The patient is currently diagnosed with left knee pain, status post multiple surgeries to the left knee, status post skin graft to the left knee, severe degenerative joint disease in the left knee, probable left peroneal neuropathy, status post left knee arthroscopic surgery in 2011, opioid medication management, and probable severe depression. The patient was seen by [REDACTED] on 11/15/2013. The patient reported persistent depression symptoms. It was noted that the patient has been consulting with [REDACTED], who recommended that the patient participate in a SPARC program. The patient has previously participated in the SPARC program and found the program to be helpful. Objective findings included no acute distress, depression, tearfulness, and frustration. Treatment recommendations included continuation of current medication and a request for authorization to consult and treat with a board-certified psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR CONSULTATION WITH SPARC PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. As per the documentation submitted, the patient does report persistent depression. However, the patient is currently consulting with a psychiatrist. Although it is noted that the patient has previously participated in a SPARC program, the medical necessity for an additional consultation has not been established. The patient has currently stopped working due to the severity of pain and has the option of proceeding with knee replacement surgery. Therefore, there is no indication that this patient is not a surgical candidate, nor is there evidence of an absence of other options that are likely to result in significant clinical improvement. Based on the clinical information received, the request is non-certified.