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| Case Number: | CM14-0001246 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 05/16/2013 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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 Family 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 injured worker's date of injury was 05/16/13. This patient has chronic lower extremity and knee pain. His clinician has documented in his 11/25/13 note that surgery is not an option and physical therapy has not been approved. The patient's treating physician is requesting a referral for a Multidisciplinary Evaluation for chronic knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Multidisciplinary Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-33.

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that among the necessary criteria for use of a multidisciplinary pain management programs is the requirement that, "the patient has a significant loss of ability to function independently resulting from the chronic pain." The medical records provided for review lack documentation of which specific significant functional deficits exist that prevent independent function. There is no discussion about this in

the medical records provided for review. Based on the documentation presented, the request for a HELP Multidisciplinary Evaluation is not medically necessary and appropriate.