

Case Number:	CM14-0016674		
Date Assigned:	03/05/2014	Date of Injury:	09/12/2012
Decision Date:	04/23/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 53 year-old that reported an injury 09/12/2014 and the mechanism of injury was not documented in the medical records. The patient was diagnosed with a right knee medial meniscal degenerative tear. It was noted the patient had a right knee medical meniscal degenerative tear, patella, trochlear and medical femoral condyle chondroplasty on 07/17/2013. The patient has had ongoing treatments of physical therapy, medications, corticosteroid injection, activity modifications, exercise, unloader brace, and other treatment of modalities. The patient continues to have chronic right knee pain. The request is for pain management counseling-once weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT COUNSELING - ONCE WEEKLY FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: California MTUS guidelines support the use of cognitive behavioral therapy after a patient has failed 4 weeks of physical medicine. The initial trial is supported for up to 4

visits. The requested 6 sessions would be excessive. The patient has chronic pain in the right knee despite of physical medicine treatment. There was a lack of documentation indicating a failure of physical medicine and the rational for 6 sessions of pain management counseling. Given the above the request Pain Management Counseling -once weekly for 6 weeks is not medically necessary.