

Case Number:	CM14-0111624		
Date Assigned:	08/01/2014	Date of Injury:	08/05/2008
Decision Date:	09/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 Internal 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 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:

Patient is an injured worker status post right total knee replacement with a date of injury of 08-05-2008. Primary treating physician's progress report dated 1/8/2014 documented subjective complaints of right knee pain. She continues to have discomfort over the right knee. Current medications included Naproxen, Diclofenac, Norco. Examination of the right knee reveals some swelling as well as mainly tenderness to palpation over the pes anserine it to some degree the joint line as well. There is no erythema and she ambulates with a cane. She is able to flex and extend her knee with range of motion. Full extension and flexion to at least 90. No instability with collateral ligament testing. Diagnoses were right knee pain and pes anserinus tendinitis bursitis. Patient continues to have pain over the right knee even in spite of physical therapy, topical anti-inflammatory and even steroid injection. Physician was not sure as to the source of the patient's pain. Treatment plan included referral to a join specialist in revision surgery and possible possible transfer of care. The patient is status post right total knee replacement. Request for authorization (RFA) dated 06-16-2014 requested multidisciplinary evaluation. -2014 requested multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page 30-34 Functional restoration programs (FRPs) Page 49 Biopsychosocial model of chronic pain Page 25 Page(s): 30-34.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs. These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have been addressed. Access to programs with proven successful outcomes is required. Medical records document that the patient is status post right total knee replacement, with a date of injury of 08-05-2008. Primary treating physician's progress report dated 1/8/2014 documented the patient continues to have pain over the right knee even in spite of physical therapy, medications, topical anti-inflammatory, and steroid injection. Physician was not sure as to the source of the patient's continued pain. Multidisciplinary evaluation was requested. MTUS guidelines requires documentation of access to multidisciplinary programs with proven successful outcomes is required. Patients must be motivated to improve and return to work. The patient must exhibit motivation to change, and willingness to forgo secondary gains, including disability payments to effect this change. These elements are not exhibited in the medical records. The medical records do not support the medical necessity of a multidisciplinary pain program. Therefore, the request for multidisciplinary evaluation is Not medically necessary.