

<b>Case Number:</b>	CM14-0037365		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 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 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 41-year-old and sustained a work injury on December 14, 2012 involving the right knee. She has a diagnosis of patella chondromalacia secondary to knee contusions. The claimant has received a TENS (transcutaneous electrical nerve stimulation) unit, home therapy, and oral analgesics for pain control and functional improvement. These interventions provided good pain control and improvement in function. A request was made on February 12, 2014 for Pain Management [REDACTED] referral for symptoms related to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management [REDACTED] Program for symptoms related to Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for general use of multidisciplinary pain management programs Page(s): 30-32.

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

**Decision rationale:** In this case, there are no clinical notes to explain the necessity for a pain program. There is no plan for return to work, documentation of failed conservative treatment, loss of ability, claimant motivational factors, etc. As a result, the records provided do not show

that there is a medical need for a pain program. The request for pain management [REDACTED]  
Program for symptoms related to right knee is not medically necessary or appropriate.