

<b>Case Number:</b>	CM14-0038862		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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:

66 years old female claimant sustained a work related injury from 9/18/08-9/18/09 involving the neck, right shoulder, and right knee. She had developed chronic depression and anxiety related to the injury. She had a diagnosis of right shoulder rotator cuff tear and underwent arthroscopic surgery in October 2011. An EMG (Electromyography) in October 2011 indicated right median neuropathy of the wrist. In addition, she had right cervical radiculopathy and right knee osteoarthritis. A pain management progress note on 3/17/14 indicated the claimant had chest pain, joint pains, weakness, and restricted movement. Exam findings in a progress note on 4/2/14 indicated shoulder impingement findings and right knee joint line tenderness. Her pain was 8/10 and was treated with oral analgesics. She had failed prior Hyalgan injections and was not a surgical candidate. The clinician believed the claimant had failed medical treatment options and a multi-disciplinary evaluation was needed to facilitate self-management, reduce reliance on medications and optimize conditions to return to work.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

**Decision rationale:** According to the MTUS guidelines, a multidisciplinary program is a chronic pain program. Criteria for the general use of multidisciplinary pain management 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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (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 above have been addressed. In this case, there is no documentation of physical therapy intervention. There was no consultation from a surgeon indicating the claimant was not a surgical candidate. In addition, there is no mention of the claimant's own desire to work or have motivation to change. Based on the above, the request for a multidisciplinary evaluation is not medically necessary.