MAXIMUS Federal Services

Case Number:	CM14-0045818		
Date Assigned:	07/02/2014	Date of Injury:	01/19/2013
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old female with a 1/19/13 date of injury. At the time (3/6/14) of request for authorization for pain management program, there is documentation of subjective (ongoing bilateral knee pain, anxiety/depression, and difficulty performing activities of daily living) and objective (antalgic gait, femoral shift on tibia with weight-bearing, tenderness to palpation over the right popliteal fossa, decreased strength in the right quadriceps, increased laxity of the right knee, and positive Lachman's sign) findings, current diagnoses (closed dislocation of the left patella, bilateral knee sprain/strain, and instability of knee joint), and treatment to date (right knee total knee arthroplasty in 2002, knee brace, cognitive behavioral therapy, H-wave, activity modification, physical therapy, and medications). In addition, medical report plan identifies chronic pain program evaluation as the patient has previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient exhibits motivation to change. Furthermore, 1/27/14 psychological evaluation identifies that the patient could benefit from a chronic pain management program. Moreover, 6/10/14 medical report (Progress Report, Orthopedic Surgery) identifies that the patient is not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of closed dislocation of the left patella, bilateral knee sprain/strain, and instability of knee joint. In addition, there is documentation of a plan identifying for a chronic pain program evaluation. Furthermore, there is documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. However, there is no documentation of the results of a pain management program evaluation as well as the number of days and hours per day of the requested pain management program. Therefore, based on guidelines and a review of the evidence, the request for pain management program is not medically necessary.