

<b>Case Number:</b>	CM14-0070718		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Practice 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 claimant is a 46-year-old male who sustained a work injury on 11/30/05 involving the left shoulder and left knee. He was diagnosed with chronic left shoulder pain and arthritis of the knee. He underwent physical therapy and use Norco for pain relief. A progress note on 2/27/14 indicated the claimant had 6/10 pain. There was weakness and tenderness in the left leg. A progress note on 3/28/14 indicated the claimant had full range of motion of the left shoulder but painful, diminished range of motion of the left knee and tenderness in the medial and lateral compartments. He was continued on Norco and a request was made for a multidisciplinary evaluation. He has an intention to go back to work. He was determined not to be a surgical candidate and a prior pain psychology evaluation was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-31.

**Decision rationale:** According to the MTUS guidelines, a multidisciplinary program falls under a chronic pain or functional restoration program. The criteria for use of such a program is (1) functional testing (2) Unsuccessful prior pain treatment (3) significant loss of function (4) Not a candidate for surgery (5) motivation to change, and no negative predictors for success. In this case, the claimant had only tried Norco for pain. There was no documentation of gross functional deficits at the time of the request. Although the physician states the claimant would like to work, there is no documentation of the claimant's desire or request to return to work. At this point, the request for a multidisciplinary program is not medically necessary.