

<b>Case Number:</b>	CM14-0078797		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Pain Medicine and Rehabilitation 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:

This case involves a 49 year old female who suffered an industrial on 10/05/2012 while working as a janitor. She described the injury stating while she was pushing a 90 gallon recycle bin full of books with her leg, she felt and heard a pop in her knee. She complained of left knee aching/ dull pain rated as mild-to-moderate and left ankle pain. The examination revealed antalgic gait and mild tenderness at patellofemoral joint. Her range of motion, muscle strength and tone was normal. The injured worker attended three physical therapy sessions for her left knee and reported some relief with activity. However, the pain returned after being away from therapy. Her medications include Naprosyn 500 mg as needed. An MRI of the left knee done February 2013 revealed mild narrowing of the lateral patellar facet articular cartilage, small joint effusion, otherwise unremarkable. Diagnoses are chondromalacia patellae with effusion and pain of the left knee. The injured worker was advised to continue ice treatment. The utilization review denied request for One-Day interdisciplinary Pain management evaluation due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One day interdisciplinary pain management evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 33. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 92.

**Decision rationale:** Per CA MTUS guidelines, an interdisciplinary pain program involves a team approach that is outcome focused and coordinated and offers goal-oriented interdisciplinary services. Communication on a minimum of a weekly basis is emphasized. The most intensive of these programs is referred to as a Functional Restoration Program, with a major emphasis on maximizing function versus minimizing pain. Functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity according to ACOEM Practice Guidelines, 2nd Edition, page 92. Functional restoration is the process by which the individual acquires the skills, knowledge and behavioral change necessary to avoid preventable complications and assume or re-assume primary responsibility (locus of control) for his/her physical and emotional well-being post injury. The individual thereby maximizes functional independence and pursuit of vocational and a vocational goals, as measured by functional improvement. Multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies) are most effectively used when undertaken within a coordinated goal oriented functional restoration approach. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. Criteria for the general use of multidisciplinary pain management programs: 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 (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 an adequate and thorough evaluation has been made, including baseline functional testing. There is no evidence of significant loss of ability to function independently resulting from the chronic pain. Furthermore, type of relationship with the employer/supervisor has not been evaluated. Based on the information above, this injured worker does not meet the criteria for the requested service. Therefore, this request is not medically necessary.