

<b>Case Number:</b>	CM14-0092903		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/21/1996
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 46-year-old male who was reportedly injured on October 21, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated August 6, 2014, indicates that there are ongoing complaints of neck pain and left knee pain. Current medications include clonidine, Norco, Ambien, Lyrica, Xanax and morphine sulfate. The physical examination demonstrated significantly decreased cervical spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, injections, home exercise, and a left knee arthroscopy. A request was made for a Hospital Elder Life Program evaluation 6-8 weeks left knee neuropathic pain and was not certified in the pre-authorization process on May 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP program eval 6-8 weeks left knee neuropathic pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-32.

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for a program such as the Hospital Elder Life Program (HELP) program includes a trial of 10 visits to assess whether surgery may be avoided. The medical record does indicate that surgery is an option for the injured employee's neuropathic knee pain. Additionally the initial evaluation by the HELP program recommended an initial three weeks of part day treatment, equating to two full weeks to assess the injured employee's ability to demonstrate progress. Considering this, the request for 6 to 8 weeks of attendance in the HELP program for neuropathic left knee pain is not medically necessary.