

Case Number:	CM15-0220508		
Date Assigned:	11/13/2015	Date of Injury:	03/03/2010
Decision Date:	12/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49 year old male, who sustained an industrial injury on 03-03-2010. He has reported injury to the left knee, left lower extremity. The diagnoses have included fracture of the left tibial plateau; rule out right knee internal derangement; insomnia; and gastritis secondary to medications. Treatment to date has included medications, diagnostics, bracing, interferential unit, physical therapy, and three surgical interventions on his left knee for his tibial fracture. Medications have included Norco, Tramadol, and Metformin. A progress report from the treating provider, dated 09-29-2015, documented an evaluation with the injured worker. The injured worker reported left knee and leg pain that is throbbing and gets worse with walking; left ankle pain, which is dull and achy; right knee pain due to overcompensation; sleep deprivation due to pain; and stomach pain. Objective findings included tenderness to palpation noted over the left proximal tibia; well-healed surgical incisions; positive pain and tenderness to the medial joint space superior and inferior aspect of the patella of the bilateral knees; positive McMurray's test on the right knee; positive valgus stress test and varus stress test of the bilateral knees; and "he has had a significant weight loss". The provider has noted that the injured worker has "remained symptomatic and continues with the complex chronic pain syndrome" "he has participated in multiple sessions of physical therapy and has shown only mild functional improvement" "he has been tried on multiple different class medications with minimal reduction of pain, no increase in function, and opiate doses continue to increase" "complaints of depression and anxiety have been more frequent and the patient exhibiting poor coping skills and appears to be struggling with self-management" and "his physical and emotional condition has declined". The treatment plan has included the request for multidisciplinary evaluation. The original utilization review, dated 10-13-2015, non-certified the request for multidisciplinary evaluation.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, multidisciplinary evaluation is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are fracture left tibial plateau; rule out right knee internal derangement; left ankle MLI; insomnia; gastritis secondary to medications; and uncontrolled diabetes mellitus. Date of injury is March 3, 2010. Request for authorization is September 29, 2015. The documentation indicates the injured worker underwent three surgeries for the left tibial plateau fracture. According to a progress note dated September 29, 2015 by the treating chiropractor, the injured worker has a chronic pain syndrome. The injured worker has had multiple physical therapies with mild improvement. Medications provide minimal relief. Each worker has developed depression and anxiety with poor coping skills. The injured worker has declining emotional condition. Objectively, there is tenderness to palpation at the proximal tibia. Range of motion is decreased. Motor function is 5/5. There is tenderness at the medial joint line. There is a single chiropractic progress note in the medical record. There is no documentation of

a psychiatric evaluation or psychiatric evaluation and treatment. There were no orthopedic progress notes in the medical record. There were no physical therapy progress notes with objective functional improvement or failure of progression in the medical record. There is no documentation in the medical record the injured worker has a motivation to change or willing to change the medication regimen. There is no documentation the injured worker is aware that successful treatment may change compensation and/or other secondary gains. The injured worker has been totally disabled since the date of injury March 3, 2010. If the injured worker is continuously disabled from work within 24 months, the outcome for necessity of use should be clearly identified as there was conflicting evidence that chronic pain programs provide return to work beyond this period. There is no documentation referencing the outcome of necessity of use in the medical record. Overall, there is no documentation in the medical record indicating previous methods of treating chronic pain have been unsuccessful by the aforementioned subspecialties including psychiatry, orthopedic surgery and physical medicine. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating previous methods of treating chronic pain have been unsuccessful and/or completed, no psychiatric evaluation and treatment for depression and anxiety and continuous disability from March 2010 through the present, multidisciplinary evaluation is not medically necessary.