

Case Number:	CM14-0213050		
Date Assigned:	12/30/2014	Date of Injury:	09/02/2010
Decision Date:	02/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 67 year old female with date of injury 9/2/2010. The mechanism of injury is not stated in the available medical records. The patient has complained of left knee pain since the date of injury. She has been treated with left knee replacement and left knee revision surgeries, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the left knee, tenderness to palpation of the medial joint line left knee, antalgic gait, left quadriceps atrophy, mild effusion left knee. Diagnoses: left knee total knee joint replacement, left knee total knee revision surgery. Treatment plan and request: Pain management counseling, qty 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling QTY #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain management groups Page(s): 31-32.

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

Decision rationale: This 67 year old female has complained of left knee pain since date of injury 9/2/10. She has been treated with left knee replacement and left knee revision surgeries, physical therapy and medications. The current request is for Pain management counseling, qty 12. Per the MTUS guidelines cited above, the following criteria must be met for inclusion in pain management counseling (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; (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. The available medical records do not include documentation that meet criteria (1) and (6) above. That is, there is lack of documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement and (2) that negative predictors of success above have been addressed. On the basis of the available medical documentation and per the MTUS guidelines above, Pain management counseling, qty 12 is not indicated as medically necessary.