

Case Number:	CM13-0018560		
Date Assigned:	06/06/2014	Date of Injury:	03/16/2009
Decision Date:	09/22/2015	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/29/2013

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 67 year old female who sustained an industrial injury on 0316-2009. She reported injury to both knees and lower back. The injured worker was diagnosed as having: Lumbago - Depression - Internal derangement of knee not otherwise specified - Spinal stenosis-Lumbar - Postsurgical states: Not elsewhere categorized - Tear Medial Meniscus knee-current - Chondromalacia. Treatment to date has included oral medications and steroid injections of the left knee injection 12-13-12 and 06-13-2013, history of left knee arthroscopy 2010, MRI of the left knee (12-13-2012) that revealed medial meniscal tear and medial compartment chondromalacia, and right knee arthroscopy (01-18-2013). Currently, the injured worker complains of pain and mechanical symptoms in her left knee. Evaluation by the provider finds bilateral knees with well-healed arthroscopic portals. Range of motion is 0-120 degrees, and there is tenderness to the medial joint line of the left knee with positive McMurry's, positive Apley's compression test and pain with squat. The treatment plan is for a left knee revision arthroscopy scheduled August 2, 2013. A pain pump is planned for post-op analgesia. A request for authorization was submitted for Purchase Of Pain Pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Of Pain Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter, Shoulder, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic), Post-op ambulatory infusion pumps (local anesthetic) (2) Hernia, Post-op ambulatory infusion pumps (local anesthetic).

Decision rationale: The claimant sustained a work injury in March 2003 and is being treated for left knee pain. She underwent arthroscopic surgery in 2010. When seen, left knee revision arthroscopic surgery had been authorized. Over the previous few days she had developed shingles. Physical examination findings included medial joint line tenderness with positive McMurray's and Apley's compression testing. Recommendations included proceeding with the planned surgery once her shingles had cleared. Postoperative planning included use of an infusion pump for pain. Post-op ambulatory infusion pumps are under study. Patients undergoing knee surgery who receive local anesthetic infusion postoperatively may experience less pain and require less narcotics. Continuous infusion of local anesthetic for a few days surgery can be recommended. Rental of a unit for less than 7 days could be recommended. Purchase of a unit is not medically necessary.