

Case Number:	CM13-0018589		
Date Assigned:	10/11/2013	Date of Injury:	06/26/2012
Decision Date:	01/10/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Physical 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 physician 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 patient is a 62-year-old female who reported an injury on 06/26/2012 due to cumulative trauma. She is noted to have developed bilateral knee pain and to have been diagnosed with bilateral knee osteoarthritis. The patient was reported to have undergone MRIs of the knees on 01/31/2013 and is reported to have continued bilateral catching and locking involving her left knee with associated pain and swelling involving her bilateral knees. She is noted to have undergone physical therapy with no long-term relief. The MRI of the left knee was reported to show a medial meniscal tear, a lateral meniscal tear, and possible loose body with mild to moderate femoral and tibial joint arthrosis. On 07/22/2013, the patient was noted to have been authorized to proceed with a left knee diagnostic and operative arthroscopy. She is reported to have continued pain and mechanical symptoms of locking, clicking, and catching with regard to bilateral knees, with the left being worse than the right, and had reached a plateau with physical therapy. On physical examination, the patient is noted to have tenderness over the medial and lateral joint lines with positive McMurray's, positive Apley's compression test, and range of motion from 0 degrees to 115 degrees. A request was submitted for use of a postoperative block for pain with a pain pump and transcatheter therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative block for pain with pain pump/transcatheter therapy for the left knee:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines..

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

Decision rationale: The Official Disability Guidelines state that use of postoperative ambulatory infusion pumps with local anesthesia is under study, noting that surgical knee patients receiving local anesthetic infusion postoperatively may experience less pain and require fewer narcotics. However, there is no documentation submitted for review which indicates that the patient's pain would not be well-controlled with oral narcotics. The request for post-operative block for pain with pain pump/transcatheter therapy for the left knee is not medically necessary and appropriate.