

Case Number:	CM13-0024828		
Date Assigned:	01/03/2014	Date of Injury:	01/28/2013
Decision Date:	05/29/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/14/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 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:

This case involves a 54-year-old man who sustained a work-related injury on January 28, 2013. Subsequently, he developed chronic right knee pain. On June 7, 2013, the patient was recommended to have surgery for repair of the right knee quadriceps. He had previous knee surgeries in 2011 and 2010. His physical examination demonstrated right knee weakness with quadriceps tenderness. An MRI of the right knee performed on January 31, 2013, demonstrated the 40% partial-thickness tear in the lateral quadriceps tendon. The provider requested postoperative pain block for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PAIN BLOCK FOR PAIN WITH PAIN PUMP FOR THE RIGHT KNEE QTY: 1.00: 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), ODG-TWC; ODG TREATMENT; INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, KNEE AND LEG CHAPTER, POST-OP AMBULATORY INFUSION PUMPS (LOCAL ANESTHETIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IMPLANTABLE DRUG-DELIVERY SYSTEMS (IDDSs) Page(s): 53.

Decision rationale: The Chronic Pain Guidelines indicate that implantable drug-delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions, after failure of at least six (6) months of less invasive methods, and following a successful temporary trial. Implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: Primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); Metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents); Head/neck cancers (intra-arterial injection of chemotherapeutic agents); and Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal®) therapy (intrathecal injection of baclofen). There is no documentation of failure of six (6) months of conservative treatments. There is no documentation of psychological evaluation. Therefore, the prescription of postoperative pain block for pain with pain pump for right knee is not medically necessary.