

<b>Case Number:</b>	CM13-0031359		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 in Orthopedic Surgery and is licensed to practice in California, Connecticut, and Pennsylvania. 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 61-year-old female who was injured on 06/01/10. Clinical records reviewed include an 08/22/13 assessment indicating persistent pain about the left shoulder and right knee. Specific to the claimant's right knee, there is a diagnosis of internal derangement, and it was noted that surgery was indicated and scheduled for 09/20/13 with the requesting physician. The assessment of 10/03/13, from a different treating physician, indicated the claimant had been scheduled for surgery on 09/20/13, but it was not performed due to blood pressure issues and chest pain. Surgery was put on hold until the claimant undergoes a stress test. The last clinical assessment for review, dated 10/31/13, documented that the patient continued to await a preoperative assessment before proceeding with surgical intervention to the right 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:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

**Decision rationale:** California MTUS Guidelines are silent on this issue. When looking at Official Disability Guidelines criteria, postsurgical pain pump and block in this case would not be indicated. The guidelines address postoperative pain pumps for the shoulder and, because they lack supportive evidence of their efficacy, the pumps are not recommended for use. In this case, the proposed surgical intervention is to the knee; as there is no documentation of efficacy above normal postoperative pain management measures, the requested pain pump and block cannot be considered as medically necessary.