

Case Number:	CM13-0055015		
Date Assigned:	12/30/2013	Date of Injury:	06/16/2006
Decision Date:	08/06/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

The injured worker is a 59-year-old who reported an injury to both knees and the right ankle. The therapy note dated January 13, 2014 indicates the injured worker being recommended for therapeutic interventions for a total of twelve sessions. The clinical note dated March 10, 2014 indicates the injured worker complaining of right ankle and knee pain. The injured worker also had complaints of left knee pain as well, secondary to over compensation. Upon exam, painful range of motion was identified at the right ankle. The injured worker was identified as having well-healed arthroscopic portals at the right knee. Tenderness was identified at the lateral joint line with a positive McMurray's. The injured worker was recommended for a Synvisc injection at that time. The clinical note dated May 5, 2014 indicates the injured worker continuing with bilateral knee and right ankle pain. MRI studies of the right ankle revealed tenosynovitis. The injured worker continued with a positive McMurray's sign at the right knee. The utilization review dated November 6, 2013 resulted in a denial for a postoperative block with a pain catheter as no studies have been made available supporting the use of a postoperative block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative block with pain catheter: 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 (ODG) Shoulder Chapter, Postoperative pain pump.

Decision rationale: The documentation indicates the injured worker complaining of pain at both knees and the right ankle. No high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the use of postoperative pain blocks. Without supporting evidence regarding the use of postoperative pain blocks, this request is not indicated as a medical necessity. The request for a post-operative block with a pain catheter is not medically necessary or appropriate.