

<b>Case Number:</b>	CM13-0061996		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 patient is a 23-year-old male who reported an injury on 03/14/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with left knee patellar tendonitis with calcification. The patient was seen by [REDACTED] on 10/30/2013. The patient was scheduled to undergo a left knee diagnostic and operative arthroscopy with meniscectomy versus possible debridement and/or chondroplasty with open patellar tendon debridement and repair. The patient presented for a preoperative visit. All questions were answered in detail. Treatment recommendations included proceeding with preoperative medical clearance and continuation of current medication. A request for authorization was then submitted on 11/13/2013 by [REDACTED] for a postoperative block with pain catheter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **48 HOURS POST-OP BLOCK WITH PAIN CATHETER 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 ODG Knee, Post-op ambulatory infusion pumps (local anesthetic) under study.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Postoperative pain pump.

**Decision rationale:** Official Disability Guidelines state postoperative pain pump is not recommended. A surgeon will insert a temporary, easily removable catheter connected to an automatic pump filled with anesthetic solution. Recent studies do not support the use of these pain pumps. There is no mention of a contraindication to the use of oral medication postoperatively. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.