

Case Number:	CM14-0179495		
Date Assigned:	11/03/2014	Date of Injury:	10/31/2012
Decision Date:	03/02/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

46-year-old female claimant with reported industrial injury of October 31, 2012. MRI left knee January 22, 2014 demonstrates inter-substance degeneration of the medial meniscus. Exam note June 24, 2014 demonstrates complaints of frequent severe left knee pain, which is sharp. Tenderness is noted to palpation of the media lateral joint line. Exam note September 9, 2014 demonstrates the need for right knee surgery. The patient remains temporary and totally disabled. Request is made for a postoperative pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative 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 Guidelines (ODG) Knee and Leg Procedure Summary, Knee Procedure: regarding: Post-op ambulatory infusion pumps

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee pain pump. According to the ODG, Knee and Leg, Post-op ambulatory infusion pumps (local anesthetic) are under study. As there is lack of support by the guidelines regarding usage, the determination is for non-certification.