

<b>Case Number:</b>	CM14-0087526		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 78 year old male, who sustained an industrial injury on April 1, 2003. The injured worker was diagnosed as having status post right knee arthroscopic debridement for medial and lateral meniscus tears and chondromalacia, lumbar degenerative joint disease and herniated nucleus pulposus (HNP) at L5-S1 with radiculopathy, cervical degenerative joint disease and degenerative disc disease, left knee posttraumatic arthritis, status post right total knee replacement, osteoarthritis of the right hip, and left total knee replacement. Treatment to date has included physical therapy, left total knee replacement, right total knee surgeries, bracing, trigger point injections, spinal injections, and medication. Currently, the injured worker complains of severe pain and trouble with the left knee. The Treating Physician's report dated April 16, 2014, noted the injured workers medications included Xanax, Gabapentin, Ibuprofen, Prilosec, and Tramadol. The injured worker was noted to have an antalgic gait, slightly flexed on the left knee. The injured worker received two injections to the cervical spine and a lumbar spine L5-S1 facet injection. The recommendation was made for a medial capsule and lateral capsule release of the left knee. The Primary Treating Physician's report addendum dated April 21, 2014, noted the treatment plan and authorization requests for a cold therapy system, DVT prevention system, knee continuous passive motion (CPM), a home rehab kit, a non-programmable pain pump, and crutches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 1 non-programmable pain pump: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Implantable drug-delivery systems (IDDSs).

**Decision rationale:** The injured worker sustained a work related injury on April 1, 2003. The medical records provided indicate the diagnosis of status post right knee arthroscopic debridement for medial and lateral meniscus tears and chondromalacia, lumbar degenerative joint disease and herniated nucleus pulposus (HNP) at L5-S1 with radiculopathy, cervical degenerative joint disease and degenerative disc disease, left knee posttraumatic arthritis, status post right total knee replacement, osteoarthritis of the right hip, and left total knee replacement. Treatment to date has included physical therapy, left total knee replacement, right total knee surgeries, bracing, trigger point injections, spinal injections, and medication. The medical records provided for review do not indicate a medical necessity for Request for 1 non-programmable pain pump. The medical records indicate this is for post surgical use. The MTUS is silent on this. The Official Disability Guidelines does not recommend the use of drug-delivery systems for post surgical purposes. When used for treatment of non-malignant conditions, the Official Disability Guidelines recommends a documentation of intractable pain that has failed six-month treatment with other modalities. Therefore, the request is not medically necessary.