

Case Number:	CM13-0040919		
Date Assigned:	06/09/2014	Date of Injury:	05/25/2012
Decision Date:	04/14/2015	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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. 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, New York, California
 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 applicant is a represented 35-year-old [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 25, 2012. On August 15, 2013, the claims administrator retrospectively denied a pain pump infusion apparently employed in conjunction with an arthroscopic meniscectomy procedure of August 30, 2013. The applicant's attorney subsequently appealed. On August 30, 2013, the applicant did undergo revision knee arthroscopy, lateral meniscectomy, chondroplasty, extensive synovectomy, and debridement with insertion of pain pump to ameliorate preoperative diagnoses of knee chondroplasia, knee synovitis, lateral meniscal tear, and ACL derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infusion Pain Pump (DOS: 8/30/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Non-MTUS Official Disability Guidelines - TWC Knee and Leg Procedure, Post-Operative Ambulatory Infusion Pumps and J Bone Joint Surg Am. 2012 Aug 15;94(16):1448-57 and The Development Of Postoperative Knee Chondrolysis After Intra-Articular Pain Pump Infusion Of An Anesthetic Medication: A Series Of Twenty-One Cases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/news/aaosnow/oct12/clinical7.asp> Use of Pain Pumps Tied to Knee Chondrolysis - Maureen Leahy. Due to the association between intra-articular pain pumps and the development of severe chondrolysis in both the shoulder and the knee, the authors do not recommend the use of these pumps in patients undergoing joint surgery..

Decision rationale: No, the request for an intraoperative pain pump apparently employed on August 30, 2013, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the American Academy of Orthopedic Surgery (AAOS) does not recommended usage of intra-articular pain pumps in applicants undergoing joint surgery. Here, the attending provider did not furnish any clear or compelling applicant-specific rationale or applicant-specific factors which would offset unfavorable AAOS position on article at issue. Therefore, the request was not medically necessary.