

Case Number:	CM13-0005760		
Date Assigned:	08/21/2013	Date of Injury:	12/07/2011
Decision Date:	03/14/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 56-year-old female with date of injury of 12/07/2011. The listed diagnoses per [REDACTED] are cervical radiculopathy, cervical strain and sprain, thoracic sprain/strain, lumbar radiculopathy, lumbar sprain/strain, left shoulder impingement syndrome, left shoulder pain/strain, right shoulder impingement syndrome, right shoulder pain/strain, right elbow sprain/strain, right lateral epicondylitis, right carpal tunnel syndrome, right wrist sprain/strain, loss of sleep and disturbance, status post arthroscopy of the right shoulder, 08/27/2013, [REDACTED], status post arthroscopic rotator cuff repair, 08/27/2013, [REDACTED] and status post arthroscopic distal clavicle resection, 08/27/2013, [REDACTED]. According to progress report dated 10/18/2013 by [REDACTED], the patient complains of constant moderate sharp pain in the upper back and the lower back. She also reports constant pain in the left and right shoulder, elbow and wrist. The provider is requesting a pain pump purchase. The objective findings showed that the patient is right-hand dominant. The examination of the cervical spine, thoracic spine, and the lumbar spine showed no bruising, swelling, atrophy, or lesion present. There is also no bruising and swelling and atrophy in the left shoulder and right shoulder as well as the right elbow and the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a 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), Post Operative Pain Pumps.

Decision rationale: This patient presents with chronic pain in multiple systems. The patient is status post arthroscopy, arthroscopic rotator cuff repair, arthroscopic distal clavicle resection, 08/27/2013, [REDACTED]. The provider is requesting a pain pump purchase. The utilization review letter dated 07/03/2013 denied the request stating that ODG Guidelines do not recommend pain pumps since recent RCT studies does not support the use of pain pumps. The California MTUS and ACOEM are silent with regards to this request. The utilization reviewer is correct that ODG Guidelines on pain pump for a postoperative pain does not recommend pain pumps. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre or postoperative pain control using oral, intramuscular, or intravenous measures. In this case, ODG does not recommend pain pumps for postoperative pain. Therefore, the request is denied.