

Case Number:	CM13-0015859		
Date Assigned:	10/10/2013	Date of Injury:	02/19/2004
Decision Date:	02/05/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

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 Occupational Medicine 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.

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 61-year-old male with a work-related injury on 2/19/04. The patient is status post bilateral carpal tunnel release, status post left shoulder subacromial decompression, distal clavicle resection and mini open rotator cuff repair on 7/17/07, status post right shoulder arthroscopy with mini rotator cuff repair on 10/14/08, status post open reduction internal fixation of left long finger, status post anterior posterior lumbar fusion L4-S1 and status post hernia repair surgery on 4/23/11. His current diagnosis is abdominal wall hernia. His PTP has requested a subcutaneous pain pump for postop pain management of abdominal wall hernia. There is no reporting with subjective or objective exam findings submitted with the RFA according to the UR report. Requesting PR-2 not available for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subcutaneous Pain Pump for post-op pain management: 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), Hernia Chapter, Knee Chapter, and Shoulder Chapter.

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

Decision rationale: CA MTUS does not address postoperative ambulatory pain control. ODG states that infusion pumps are appropriate for the first few days postoperatively. There is no evidence in the current record to approve a post op ambulatory pain pump. This pump would be appropriate while in the hospital. However, as there is no evidence given for the use of this pump nor is there a treatment duration or treatment procedure given for this specific patient, it cannot be approved currently.