

Case Number:	CM13-0023409		
Date Assigned:	11/15/2013	Date of Injury:	05/09/2011
Decision Date:	01/14/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery 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 claimant is a 54-year-old female who reported repetitive motion injuries to the bilateral hands and upper extremities on May 9, 2011. There is noted to be a prior surgical history in the form of a left carpal tunnel release procedure. Recent clinical records for review include a progress report, dated September 11, 2013, with treating physician, [REDACTED], stating the claimant is status post-operative intervention to the left shoulder continuing to be with pain and discomfort with objective findings showing healed arthroscopy portal sites, tenderness to palpation, and restricted range of motion. The operative report for review indicated the surgery took place September 3, 2013 in the form of an operative arthroscopy, biceps tenodesis, subacromial decompression, Mumford procedure, lysis of adhesions with partial synovectomy, and removal of loose bodies. Insertion of a pain pump into the subacromial space at time of operative intervention took place. There is a request at present for the retrospective use of the pain pump in regard to the claimant's surgery as outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Shoulder Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Wo

Decision rationale: Based on Official Disability Guidelines, as California ACOEM and MTUS guidelines are silent, the role of a pain pump following the shoulder procedure is not indicated. Official Disability Guideline criteria state, "Three recent RCTs did not support the use of these pain pumps. This study neither supports nor refutes the use of infusion pumps. (Banerjee, 2008) This study concluded that infusion pumps did not significantly reduce pain levels. (Ciccone, 2008) This study found no difference between interscalene block versus continuous subacromial infusion of a local anesthetic with regard to efficacy, complication rate, or cost. (Webb, 2007)". Based on a lack of literature supporting greater benefit in the postoperative period over interscalene block, the pain pump as utilized during the September 2013 procedure would not have been indicated as medically necessary.