

Case Number:	CM13-0023600		
Date Assigned:	10/14/2013	Date of Injury:	07/10/2009
Decision Date:	05/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert 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 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/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:

This claimant is a 66-year-old gentleman who was injured in a work-related accident on July 10, 2009. The current clinical records indicate that the claimant underwent a July 12, 2013 diagnostic arthroscopy, subacromial decompression, extensive debridement, synovectomy, and distal clavicle resection procedure to the right shoulder. The specific request in this case is for retrospective use of a pain pump that was used in the postoperative setting. Further clinical records and information are not pertinent to the specific clinical request at this time. At present, there is a request for the use of a postoperative pain block and pain pump in regard to the claimant's July 2013 shoulder procedure in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE BLOCK FOR PAIN WITH PAIN PUMP: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Pain Pump Section.

Decision rationale: The California MTUS guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria, the role of a postoperative pain pump would not be indicated. Pain pumps are not supported by Official Disability Guideline criteria with recent randomized controlled trials not demonstrating their significant efficacy. The use of this device following the claimant's July 2013 surgical process would thus not be medically necessary.