

Case Number:	CM13-0024303		
Date Assigned:	11/20/2013	Date of Injury:	02/14/2012
Decision Date:	01/21/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/13/2013

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 Anesthesia, 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:

Thirty three year old male injured worker with date of injury 2/14/12 with diagnosis of impingement syndrome of the left shoulder. He underwent arthroscopic surgery on the left shoulder 1/13 but post op physical therapy was not appropriately carried through. A second arthroscopy with insertion of a pain pump was performed 8/20/13. Contrast magnetic resonance imaging of the shoulder 7/2/13 revealed nonspecific focus of bone marrow edema in the lesser tuberosity possibly related to underlying degenerative change versus prior injury and mild-to-moderate degenerative changes at the acromioclavicular joint. The patient is refractory to acupuncture, surgery, and physical therapy. He is not currently taking medications. The Utilization Review determination date was 8/19/13. Subsequent to the date of Utilization Review determination 8/19/13, [REDACTED] implanted the pain pump on date 8/20/13.

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 Official Disability Guidelines (ODG), Section: 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) Shoulder, Post-Operative Pain Pump.

Decision rationale: The Official Disability Guidelines do not support the use of pain pumps postoperatively after shoulder surgery citing no evidence that direct infusion is as effective as or more effective than, conventional pre or postoperative pain control using oral, intramuscular, or intravenous measures. The medical records provided for review do not document any issues which would make the request necessary outside of guideline criteria. The request for a pain pump is not medically necessary.