

Case Number:	CM13-0026236		
Date Assigned:	03/14/2014	Date of Injury:	04/12/1999
Decision Date:	04/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 is a 60-year-old male patient with a reported work-related injury on 04/12/1999. The mechanism of injury was the patient closed a metal roof door, two of the spring loaded shocks broke sending pieces flying and striking patient on neck and left shoulder. The patient has a history of diagnostic and operative arthroscopy; arthroscopic subacromial decompression and acromioplasty; arthroscopic resection of coracoacromial ligament; arthroscopic extensive subacromial and subdeltoid bursectomy; glenohumeral synovectomy chondroplasty debridement; distal clavicle resection (Mumford procedure); debridement of labrum and labral fraying; debridement of partial rotator cuff tear; insertion of pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

48 HOUR POST-OPERATIVE BLOCK FOR PAIN WITH PAIN PUMP STATUS POST RIGHT SHOULDER SURGERY: 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) Shoulder, Postoperative Pain Pump

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

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state "Not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This "pain pump" was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery. 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. The request for 48-hour post-operative block for pain with pain pump status post right shoulder surgery is non-certified. The operative report dated 09/13/2013 indicated the pain pump was placed in the subacromial space for postoperative analgesia and pain relief. Official Disability Guidelines do not recommend postoperative pain pumps. The documentation submitted for review indicated the patient attempted pain relief with IV, IM, and oral medications; however, the list of medications, duration of use, and lack of documentation giving their effectiveness was not provided in the documentation, as well as other conservative measures to treat the pain. As such, the request is non-certified.