

<b>Case Number:</b>	CM13-0029571		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 patient is a 55-year-old female who reported injury on 10/25/2012. The patient was noted to have undergone a diagnostic arthroscopy of the left shoulder with biceps tendon tenodesis, a Mumford procedure, acromioplasty, lysis of adhesions with subacromial bursectomy, and a partial synovectomy and removal of loose bodies with intra-articular injection. The request was made for 1 postoperative pain pump purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative pain pump purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Postoperative Pain Pumps

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** CAMTUS/ACOEM Guidelines do not address postoperative pain pump purchase. Per Official Disability Guidelines, postoperative pain pumps are not recommended. The clinical documentation submitted for review failed to provide exceptional factors to warrant no adherence to guideline recommendations. Given the above, the request for Postoperative pain pump purchase is not medically necessary.

