

Case Number:	CM13-0030589		
Date Assigned:	11/27/2013	Date of Injury:	10/21/2009
Decision Date:	02/03/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine, has a subspecialty in Pain Medicine 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:

As per medical records, the claimant is a 44-year-old right hand dominant male who is employed as an electrician at [REDACTED] and referred by [REDACTED] for evaluation of his right shoulder, date of injury was October 21, 2009. He notes that while carrying a tri-vise he tripped over a six inch plumbing T-pipe and the tri-vise landed on his right shoulder. This occurred at [REDACTED]. He has undergone a course of physical therapy and cortisone injection. He has an arthroscopy with [REDACTED] in 2009 as well as manipulation also in 2010. The patient was provided with physical therapy for the right shoulder, for approximately one year, which he felt was not beneficial. In early 2011, the patient was released to work with no restrictions and he was deemed permanent and stationary, per [REDACTED]. He was given 10% disability for the right shoulder. He continued working with increased right shoulder pain. He had weakness and difficulties with overhead reaching. The patient states his job duties as an electrician, required repetitive lifting, carrying, and overhead reaching, which increased his right shoulder symptomatology. He applied ice and heat, which provided minimal improvement. He also did home stretching exercise, which eventually increased the right shoulder pain. The patient relates that because of favoring his right upper extremity, he began the onset of pain in the left shoulder. Treatment was not provided from early 2011 through late 2012. In late 2012, the patient retained legal counsel, secondary to persistent right shoulder pain. He was referred for treatment. MRI of the right shoulder completed at [REDACTED] ordered by [REDACTED] dated December 26, 2012 reveal heterogeneous intermediate signal intensity replacing the normal fat distribution of the rotator interval. These imaging findings may be seen in the clinical setting of adhesive capsulitis; however assessment is limited due to lack of contrast administration. Alteration in the morphology

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 x 48 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, 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 Chapter, Postoperative pain pump.

Decision rationale: CA-MTUS (Effective July 18, 2009) is mute on this topic. ODG, Shoulder Chapter, Postoperative pain pump: 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. (Barber, 2002) (Quick, 2003) (Harvey, 2004) (Cigna, 2005) (Cho, 2007) Recent studies: 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. (Ciccione, 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)