

Case Number:	CM13-0030981		
Date Assigned:	12/04/2013	Date of Injury:	07/06/2009
Decision Date:	01/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 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 57-year-old female who was injured in a work-related accident on 7/6/09. Specific to the claimant's left shoulder, there is documentation of an operative report dated 10/11/13 indicating a procedure in the form of a left shoulder diagnostic arthroscopy, subacromial decompression, arthroscopic resection of the coracoacromial ligament, extensive bursectomy, distal clavicle resection, and debridement of labrum rotator cuff tear, with rotator cuff repair and biceps tenodesis. A pain pump was inserted at the time of the procedure. At present, there is a request for the use of a pain pump for the left shoulder and the claimant's arthroscopic procedure is in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op block for pain with pain pump- Left shoulder: 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 Chapter: Post operative Pain Pump

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment in Worker's Compensation, 18th Edition, 2013 Updates: Shoulder procedure: Postoperative Pain Pump

Decision rationale: Based on Official Disability Guidelines, as California MTUS Guidelines are silent, the use of a post-operative pain pump for the shoulder is not supported. Recent clinical randomized clinical trials did not support their use versus other forms of conservative modalities alone. Lack of documented beneficial and efficacy would fail to necessitate the role of a pain pump as indicated in this claimant's procedure on 10/11/13.