

<b>Case Number:</b>	CM13-0031212		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 52-year-old female who reported an injury on 04/27/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included sprain/strain of the left shoulder. Previous treatments included physical therapy and medication. Within the clinical documentation dated 05/07/2013, it was reported the injured worker complained of pain rated 6/10 in severity. She describes the pain as achy with limited range of motion and cracking when lifting the arm. The injured worker reported the pain is present at all times. Upon the physical examination, the provider noted the cervical spine had a negative compression test. The shoulder had forward flexion of the left shoulder at 110 degrees, an abduction at 110 degrees, and external rotation at 90 degrees. The provider noted the motor strength was intact. Sensation was normal. There was tenderness at the subacromial bursa. The injured worker had a positive Neer's impingement and positive Hawkins impingement test. The provider noted tenderness at the AC joint with positive cross arm testing and a positive O'Brien testing. The provider requested a postop block for pain with pain pump.

### 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 W/PAIN PUMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Official Disability Guidelines do not recommend postoperative pain pumps for the shoulder. 3 recurrent moderate quality RCTs did not support the use of pain pumps. The injured worker is to undergo a left shoulder surgery. However, the guidelines do not recommend the use of a postoperative pain pump. Therefore, the request is not medically necessary.