

Case Number:	CM13-0033283		
Date Assigned:	01/03/2014	Date of Injury:	11/18/2011
Decision Date:	06/26/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/09/2013

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 51-year-old male with a reported date of injury 02/06/2013. The injury reportedly occurred when the injured worker tripped over a retaining wall and fell into a concrete slab and injured his left wrist, left shoulder, and skinned his knee. His diagnoses were noted to include impingement syndrome and partial thickness rotator cuff tear of the left shoulder, early degenerative joint disease to the left shoulder, impingement syndrome and early degenerative joint disease to the right shoulder, status post left knee arthroscopy, rule out residual versus recurrent meniscal tear, early degenerative joint disease to the left knee, internal derangement to the right knee, early degenerative joint disease to the left knee, left elbow lateral epicondylitis, and left wrist sprain. His previous treatments were noted to include surgery, cortisone injections, physical therapy, and medications. The progress note dated 12/05/2013 reported a request for a left shoulder arthroscopy, arthroscopic subacromial decompression/partial anterior acromioplasty and debridement. The progress note dated 12/05/2013 reported positive impingement and Hawkins testing, as well as diminished range of motion to the bilateral shoulders. The Request for Authorization form was not submitted within the medical records. The request is for a purchase of an On-Q pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME PURCHASE ON-Q-PAIN PUMP QTY: 1.00: 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).

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 request for a purchase of an On-Q pain pump is non-certified. The injured worker was awaiting authorization for right shoulder surgery. The Official Disability Guidelines do not recommend postoperative pain pumps. The guidelines state much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. The guidelines also state there is insufficient evidence to conclude direct infusion is as effective or is more effective than conventional pre or postoperative pain control using oral, intramuscular, or intravenous measures. It is unclear that the injured worker will be receiving surgery as they are awaiting authorization, and the guidelines do not support the use of the postoperative pain pumps. Therefore, the request is not medically necessary.