

Case Number:	CM13-0042560		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2010
Decision Date:	03/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/30/2013

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 orthopedic surgery, has a subspecialty in fellowship trained in spine surgery, and is licensed to practice in Texas and 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 42-year-old male who reported injury on 06/01/2010. The mechanism of injury was not provided. The patient was noted to be undergoing a right shoulder arthroscopy on 10/04/2013. The patient's diagnosis was noted to be right shoulder impingement, partial RCT, AC joint arthrosis, synovitis, and bursitis. The request was made for a 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 with Pain Pump (48 hours Post-op): 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 Chapter, Postoperative pain pump

Decision rationale: Official Disability Guidelines do not recommend a postoperative pain pump, as 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. The clinical documentation indicated the patient was to undergo a right

shoulder arthroscopy. There was lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for postop block for pain with pain pump, 48 hours postop is not medically necessary.