

Case Number:	CM13-0055482		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2011
Decision Date:	04/02/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Florida and is licensed to practice in Pain Management. 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 62-year-old male who reported an injury on 08/16/2011. The mechanism of injury involved a fall. The patient is currently diagnosed with discogenic cervical condition with radicular components, impingement syndrome, carpal tunnel syndrome bilaterally, lumbar sprain, right hip arthritis, right knee internal derangement, and left knee internal derangement. The patient was seen by [REDACTED] on 10/03/2013. The patient reported persistent neck and right shoulder pain. Physical examination revealed tenderness along the biceps tendon and rotator cuff, positive Hawkins testing, and tenderness along the cervical spine. A request for authorization for right shoulder surgery was then submitted, with postoperative immobilizer, general anesthesia, and a pain catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for a pain catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative pain pump.

Decision rationale: California MTUS Guidelines state implantable drug delivery systems are recommended only as an endstage treatment alternative for selected patients for specific indications. Official Disability Guidelines state postoperative pain pumps are not recommended. As per the documentation submitted, there is no indication that this patient's surgical procedure has been authorized. As guidelines do not recommend the use of postoperative pain pumps, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.