

Case Number:	CM13-0056277		
Date Assigned:	01/03/2014	Date of Injury:	05/12/2010
Decision Date:	04/15/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 12, 2010. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; topical agents; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and an arthroscopic left shoulder surgery on November 25, 2013. In a utilization review report of November 20, 2013, the claims administrator apparently denied a request for postoperative pain catheter/pain pump. The applicant subsequently appealed. On November 13, 2013, the attending provider seemingly set forth a request to employ a postoperative pain pump/pain catheter. A physical therapy note of December 16, 2013 is notable for comments that the applicant is presently not working as a mechanic status post prior left shoulder arthroscopy on November 25, 2013. The operative report of November 25, 2013 is reviewed. The applicant underwent labral debridement, partial rotator cuff tear debridement, synovectomy, chondroplasty, debridement, and bursectomy to ameliorate a preoperative diagnosis of rotator cuff tendonitis with associated impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE BLOCK WITH PAIN CATHETER, DME: PAIN PUMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine PUBMED.

Reference #1. Journal of Shoulder and Elbow Surgery (2003), Nov-Dec 12(6): 618. The orthopedic Center, Eden Prairie, MN, 55344, donquick@theorthocenter.com; Reference #2: Arthroscopy (2004), may 20(5): 451.5, Sport medicine Ser

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 topic, and American Academy of Orthopedic Surgeons (AAOS) Safety and Litigation Update for Shoulder Pain Pumps, 2009

Decision rationale: The MTUS does not address the topic. As noted in the Official Disability Guidelines (ODG) Shoulder Chapter Postoperative Pain Pump Topic, postoperative pain pumps are "not recommended." There is insufficient evidence to conclude that direct infusion of pain medications is as effective or more effective than the conventional pre or postoperative pain control using oral, intramuscular, or intravenous methods, ODG concludes. It is further noted that the position of the American Academy of Orthopedic Surgeons (AAOS) is that it is time to stop using intra-articular pain pumps following outpatient arthroscopic surgery as this is the source of the emerging litigation. In this case, the attending provider has not furnished any compelling rationale or narrative to the request for authorization or application for independent medical review so as to try and offset the unfavorable ODG and AAOS recommendations. Therefore, the request is not certified, on independent medical review.