

Case Number:	CM13-0057620		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2011
Decision Date:	05/05/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/25/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 51-year-old female who was injured on July 19, 2011. The patient continued to experience pain in her right shoulder. Physical examination was notable for crepitus, positive impingement sign, and weakness to the right shoulder on external rotation, internal rotation, and abduction. Diagnosis was persistent impingement and right shoulder with partial thickness rotator cuff tear per MRI. The patient was scheduled for right shoulder arthroscopy. Request for authorization for postoperative pain pump insertion for 48 hours was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PAIN PUMP INSERTION TIMES FORTY EIGHT HOURS PAIN PUMP INSERTION: 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), Shoulder, Postoperative pain pump

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: MTUS does not comment on this topic. Postoperative pain pumps are not recommended for shoulder surgeries. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This "pain pump" was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery. 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. Medical necessity is not established. The request should not be authorized.