MAXIMUS Federal Services

| Case Number: | CM13-0058849 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 09/27/2010 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 10/31/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

## 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 Pennsylvania. 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 claimant is a 58-year-old gentleman who was injured in a work related accident on September 27, 2010. There are several questions regarding this individual that are based on postoperative use of DME's following shoulder procedures. The clinical records provided for review document that the claimant sustained an injury to the right shoulder and is status post a February 15, 2013 right shoulder arthroscopy, subacromial decompression and distal clavicle excision. There are retrospective requests for multiple durable medical purchases in regards to the February 15, 2013 surgery: the purchase of a pain pump; the purchase of an arm sling; and the postoperative purchase of a shoulder kit. The remaining clinical records are not pertinent to the specific requests at hand.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**AUTOFUSER PAIN PUMP PURCHASE DISPENSED ON 2/15/13:** 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 Chapter, 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative pain pump

**Decision rationale:** The CA MTUS and ACOEM Guidelines do not address pain pumps. According to the Official Disability Guidelines, a pain pump in the shoulder setting is not recommended as medically necessary. The Official Disability Guidelines state that randomized clinical trials do not support the use of pain pumps in any surgical setting for the shoulder. There is no documentation to indicate that the claimant would be an exception to this guideline. The specific request for purchase of the pain pump on February 15, 2013 would not be indicated.

**ARMSLING PURCHASE DISPENSED 2/8/13 IS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling

**Decision rationale:** The CA MTUS and ACOEM Guidelines do not address the postoperative use of an arm sling. When looking at Official Disability Guidelines, the postoperative purchase of an arm abductor sling would not be indicated. The Official Disability Guidelines only recommend the use of abductor slings for large or massive rotator cuff repairs in the postoperative setting. There is nothing indicating the need for the purchase of this sling in the claimant's course of surgery that involved a subacromial decompression. The request in this case would not be deemed necessary.

**SHOULDER KIT DISPENSED ON 2/08/13:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Home exercise kits

**Decision rationale:** The CA MTUS and ACOEM Guidelines do not address shoulder kits. According to the Official Disability Guidelines, the purchase of a shoulder kit also would not be indicated. While the Official Disability Guidelines support exercise kits as an adjunct to a home exercise program, the specific course of care in this case would be directed in the postoperative state to formal physical therapy to advance overall strength, function and reconditioning before transitioning to a home exercise program. The specific request of this shoulder kit at this stage in the claimant's course of care would not be supported.