

<b>Case Number:</b>	CM13-0060091		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 31 year old male who was injured on 02/22/2012. The mechanism of injury is unknown. Prior treatment history has included physical therapy, injections, rest and medications including Hydrocodone, Diclofenac Sodium, Pantoprazole, and Cyclobenzaprine. The patient underwent diagnostic and operative arthroscopy of the right shoulder with a bankart repair on 11/13/2013 Diagnostic studies reviewed include Arthrogram of the shoulder dated 08/12/2013 revealed no gross abnormality or contraindication to the right shoulder MRI Arthrogram; and successful needle localization for MRI Arthrogram of the right shoulder. X-rays of the right shoulder and humerus show excellent position of the shoulder MRI scan of the right shoulder shows a full thickness tear of the supraspinatus tendon, as well as a SLAP tear. Toxicology Report dated 01/06/2014 revealed there is no detection of the prescribed medication hydrocodone. Re-Examination Report dated 11/25/2013 states the patient is doing better with regard to his right shoulder following his surgery. He is depressed secondary to pain and a feeling of isolation. Objective findings on exam revealed tenderness about his right shoulder. The patient is status post right shoulder surgery. It is recommended the patient undergo a psychiatric evaluation. The patient was instructed to return in 6 weeks. The patient was dispensed Hydrocodone, Diclofenac Sodium, Pantoprazole, and Cyclobenzaprine. Re-examination Report dated 08/26/2013 documented the patient with complaints of severe weakness of his right shoulder with locking. Objective findings on exam revealed he has weakness of the right shoulder to external rotation, as well as a positive O'Brien's test. The patient is diagnosed with clinical and MRI scan evidence of a SLAP tear of the right shoulder, as well as a large full thickness rotator cuff tear. It is stated on recommendation that an authorization is requested to proceed with a diagnostic and operative arthroscopy of the right

shoulder with rotator cuff repair and labral repair. The patient was dispensed Hydrocodone, Diclofenac Sodium, Pantoprazole, and Cyclobenzaprine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PAIN PUMP PURCHASE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Shoulder (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Post-Operative Pain Pump.

**Decision rationale:** The medical records document the patient underwent diagnostic and operative arthroscopy of the right shoulder with a Bankart repair on 11/13/2013. Re-Examination Report dated 11/25/2013 stated the patient was doing better with regard to his right shoulder following his surgery. Objective findings on exam revealed tenderness about his right shoulder. The patient was dispensed Hydrocodone, Diclofenac Sodium, Pantoprazole, and Cyclobenzaprine. According to the guidelines, postoperative pain pumps are not recommended. 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 use of this device for post-operative shoulder is not supported by the guidelines. The patient would be able to manage pain with judicious use of standard oral medications and palliative measures of ice/heat. As this request is not consistent with evidence-based guidelines, the medical necessity is unsubstantiated.