

<b>Case Number:</b>	CM13-0061826		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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:

This claimant is a 57-year-old gentleman who was injured 07/21/12. The clinical records provided for review were specific to the surgical process for the claimant's left shoulder. The surgical plan was for a diagnostic and operative arthroscopy to the left shoulder. The specific request in this case is in regard to use of a postoperative pain pump/catheter for use in the postoperative setting. The claimant has an underlying diagnosis of a superior glenoid labrum lesions (SLAP) with glenohumeral osteoarthritis and 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:** 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, Post-operative 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, Post-operative pain pump.

**Decision rationale:** The California MTUS and ACOEM Guidelines are silent. Based on Official Disability Guideline (ODG) criteria, the request for a postoperative pain pump/catheter cannot be

recommended as medically necessary. The ODG does not recommend the use of postoperative pain pumps in the shoulder because recent randomized clinical trials do not support the use of these postoperative devices demonstrating no significant benefit over other first-line pain control measures alone. The specific request for the postoperative pain device would thus not be supported. As such, the request is not certified.