

<b>Case Number:</b>	CM13-0064958		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Hand Surgery and is licensed to practice in Texas. 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 42-year-old male who reported an injury on 11/18/2011, due to repetitive trauma while performing normal job duties. The patient sustained injury to multiple body parts, including the right shoulder. The patient failed to progress through a course of conservative treatments, and it was determined that the patient had a full-thickness tear rotator cuff tear of the right shoulder and a superior labral tear. The patient's most recent clinical evaluation documented that the patient had a positive Neer's test, Hawkins test, impairment sign, and O'Brien's test of the right shoulder with significant pain and discomfort. The patient's treatment plan included surgical intervention with postoperative immobilization and physical therapy for strengthening

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PAIN PUMP POST OP SHOULDER ARTHROSCOPIC SURGERY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: 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 surgery, Post-Operative Pain Pump.

**Decision rationale:** The requested pain pump post-op shoulder arthroscopic surgery is not medically necessary or appropriate. Official Disability Guidelines do not recommend the use of a pain pump in the postoperative management of a patient's pain. The clinical documentation submitted for review fails to provide any evidence that the patient is intolerant of standard oral medications for pain control. As this postoperative intervention is not supported by Official Disability Guideline recommendations and there are no exceptional factors noted to support extending treatment beyond guideline recommendations, proceeding with a pain pump would not be indicated. As such, the requested pain pump post-op shoulder arthroscopic surgery is not medically necessary or appropriate