

Case Number:	CM13-0066561		
Date Assigned:	01/03/2014	Date of Injury:	10/15/2013
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 injured worker is a 62-year-old female who reported an injury on 10/15/2013. The injured worker was reportedly injured when a parent rammed into her while trying to get into the school that she was working in. The injured worker has had complaints of shoulder pain that continues to wax and wane whereupon the injured worker was seen on 11/12/2013. On objective findings, the injured worker had moderate tenderness to the acromioclavicular joint, superior and anterior. Range of motion was limited to 90 degrees with forward flexion, 30 degrees with extension, and 90 degrees with abduction with no crepitus noted, negative impingement sign, and normal strength with motor testing as well as normal sensory and pulses. Plain view x-rays had been taken the date of the injury which did not reveal any fracture. The injured worker has rated her pain as a 6/10 to 7/10 and has utilized a TENS unit as well as physical therapy with some improvement. The injured worker stated she also has night pain, and was unable to utilize her arm as of 11/18/2013 due to pain. An unofficial MRI noted moderate rotator cuff tendinosis with nonacute, full thickness tear at the mid and anterior supraspinatus footprint yielding very good retraction of the tendon slips. The injured worker was most recently seen on 12/12/2013 for continued complaints of pain in the right shoulder. The injured worker has been taking medications and is off duty from work. Under the treatment plan, was a request for surgical repair, with indication that the injured worker had failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERSCALENE BLOCK PUMP: 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), Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Interscalene Nerve Blocks.

Decision rationale: The only reference to a scalene block was stated under California MTUS/ACOEM which was in reference to treatment for thoracic outlet symptoms. It states that is response to exercise is protracted, anterior scalene block has been reported to be efficacious in relieving acute thoracic outlet symptoms, and as an adjunct to diagnosis. Under Official Disability Guidelines, it states that interscalene block is the most commonly used block for shoulder surgery. However, California MTUS/ACOEM and ODG do not specifically address an interscalene block 'pump'. In the case of this injured worker, there is nothing indicating the injured worker would be unable to take oral analgesics or narcotics or non-steroidal anti-inflammatories postoperatively to help relieve her pain and discomfort and as the guidelines do not specifically address the use of an interscalene block pump, the requested service cannot be supported at this time.

PAIN PUMP: 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), 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 Chapter, Postoperative pain pump.

Decision rationale: According to Official Disability Guidelines, postoperative pain pumps are not recommended as 3 recent moderate quality RCTs did not support the use of pain pumps. Since 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 medications, or intermuscular, or even intravenous measures, the requested service cannot be considered medically appropriate in this case. Furthermore, without having a thorough rationale indicating the injured worker is unable to take oral analgesics or other non-pain pump methods of pain control, the requested service is not medically necessary.