MAXIMUS Federal Services

Case Number:	CM13-0069640		
Date Assigned:	01/03/2014	Date of Injury:	01/19/2011
Decision Date:	04/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 sustained shoulder injury on 1/19/2011. The patient had diagnoses of bilateral shoulder pain with right shoulder impingement syndrome and left shoulder tendinosis. Past surgeries completed are 2 right shoulder rotator cuff repairs with extensive acromio-clavicular joint repair. The patient had post -operative use of Pro Sling for with abduction pillow and programmable pain pump after the right shoulder surgery. On 4/19/2013 [redacted] noted that the patient did not want a left shoulder surgery. The left shoulder MRI showed only tendinosis with no significant tendon tear or joint disruption. On 10/28/2013, [redacted] noted indicated that a left shoulder arthroscopy with sub acromial decompression was planned followed by a post procedure physical therapy. The procedure was done on 11/15/2013 with post -operative pain relief provided by left interscalene pain block. A Utilization Review determination was rendered on 12/10/2013 recommending non certification of ProSling with abduction pillow and programmable pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Pain, Post-operative

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

Decision rationale: The CA MTUS did not fully address post-operative pain relief following shoulder surgery. The use of post-operative pain pumps is addressed in the Pain chapter of the ODG. Pain pumps are indicated for 2-3 days of pain relief following extensive shoulder surgery. The patient did not undergo extensive open shoulder surgery. The procedure done was a minimally invasive left shoulder arthroscopy with sub acromial decompression. There is no advantage for a programmable pain pump over a single short interscalene block. The patient had a post-operative physical therapy program planned according to the clinical note from [redacted]

PRO SLING ABDUCTION PILLOW: 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

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

Decision rationale: The CA MTUS did not address post-operative treatment options following shoulder arthroscopy. The ODG did address immobilization and therapy following shoulder arthroscopy. The patient underwent left shoulder arthroscopic surgery without extensive tendon or ligaments repair. She did not have a history of left shoulder instability. The indication for post-operative abduction pillow sling is for immobilization to prevention recurrent shoulder dislocation. The immobilization works by minimizing tension on the repaired tendons. Immobilization is not recommended after non extensive arthroscopic repairs. It is recommended that that patient proceed to physical therapy following arthroscopic repairs to prevent development of frozen shoulder syndrome.