

Case Number:	CM13-0072709		
Date Assigned:	01/08/2014	Date of Injury:	04/20/2010
Decision Date:	05/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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:

The patient is a 66-year-old male who sustained an industrial injury on 4/20/10, when he was hit by a door. Surgical history is positive for recent C4/5 anterior cervical decompression and fusion, with previous fusion from C5 to T1. Significant cardiac co-morbidities include congestive heart failure and failure of stents relative to toxic exposure in the military and/or industrial arena, and diabetes mellitus. The 9/10/13 right shoulder MRI revealed partial undersurface tear of mid and distal supraspinatus tendon that was not full thickness, significant rotator cuff tendinopathy, and acromioclavicular arthropathy, subacromial spur, and mild bursitis. The 11/25/13 treating physician report documented physical exam findings of a positive Hawkin's and Neer's test. The diagnosis was right shoulder partial rotator cuff tear with impingement and cardiac disease. Surgery was recommended as the patient had positive physical findings, positive MRI findings, and failed non-operative treatment for years. Authorization was requested for right shoulder diagnostic arthroscopy and surgery, subacromial decompression, and labrum or rotator cuff repair, and post-operative pain pump purchase. The 12/12/13 utilization review non-certified the request for surgery and post-operative pain pump as there was no evidence of functional limitations, significant objective findings, trial of corticosteroid injections, or restricted range of motion or strength deficits.

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 cite any medical evidence for its decision.

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 Guidelines are silent regarding this device. The Official Disability Guidelines (ODG) state that post-operative pain pumps are not recommended. ODG Guidelines state 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. Three recent moderate quality randomized controlled trials did not support the use of pain pumps. Therefore the request for a purchase of a pain pump is not medically necessary and appropriate.