

Case Number:	CM14-0005099		
Date Assigned:	01/24/2014	Date of Injury:	08/26/2013
Decision Date:	08/05/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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. 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 53 year old male whose date of injury is 08/26/13. The mechanism of injury is described as a trip and fall causing injury to the injured worker's right shoulder and right knee. The injured worker has a history of prior right shoulder arthroscopic surgery. MRI of the right shoulder dated 10/08/13 revealed a partial thickness undersurface tearing of the distal supraspinatus tendon with underlying tendinosis; likely osteochondral impaction of the humeral head. The injured worker was authorized to undergo right shoulder surgery and was recommended to utilize a postoperative pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PAIN PUMP: 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 Chapter, Postoperative pain pump.

Decision rationale: Based on the clinical information provided, the request for 1 pain pump is not recommended as medically necessary. The submitted records indicate that the injured

worker has been authorized to undergo right shouldery surgery and was recommended to utilize a postoperative pain pump. The Official Disability Guidelines report that postoperative pain pumps are not recommended. Three recent moderate quality randomized controlled trials did not support the use of pain pumps. Given the lack of support in the Official Disability Guidelines, the requested pain pump is not medically necessary.