

Case Number:	CM14-0017039		
Date Assigned:	03/07/2014	Date of Injury:	06/30/2009
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgeon 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 56 year old male whose date of injury is 06/03/09. The patient tripped over a chair and extended his arms to break his fall. The patient jammed his shoulders and wrists when he struck the ground. Treatment to date includes x-rays, physical therapy, and magnetic resonance imaging (MRI) scans cervical epidural steroid injection, right shoulder injections, right shoulder arthroscopic subacromial decompression, Mumford procedure and rotator cuff repair on 11/25/13. Note dated 12/03/13 indicates that the patient is doing much better status post arthroscopy. A pain pump was recommended at the time of surgery. Orthopedic consultation dated 12/17/13 indicates that the patient complains of persistent right shoulder pain, improving status post-surgery. He is doing much better. On physical examination there is no erythema or drainage. The patient is recommended to begin his physical therapy. The patient was prescribed Soma. Follow up note dated 12/19/13 indicates that Anaprox was given for joint and tissue inflammation, Prilosec, and hydrocodone/acetaminophen.

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 MTUS: ACOEM GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, IMPLANTABLE DRUG-DELIVERY SYSTEMS (IDDSS), 52-54

Decision rationale: Based on the clinical information provided, the request for pain pump is not recommended as medically necessary. The submitted records fail to provide documentation of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical). There is no indication that the patient has undergone a psychological evaluation to assess his appropriateness for a pain pump as required by California Medical Treatment Utilization Schedule (MTUS) Guidelines. There is no clear rationale provided to support the request at this time. The request for pain pump is not medically necessary.