

Case Number:	CM14-0019264		
Date Assigned:	04/21/2014	Date of Injury:	06/24/2011
Decision Date:	10/31/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 30-year-old male who reported an injury on 06/24/2011. The mechanism of injury was not provided. The injured worker has diagnoses of thoracomyofasciitis, impingement of right shoulder, lumbar strain, and left lower extremity radiculopathy. Past medical treatment included physical therapy, medications, and injections. Diagnostic testing included MRI of right shoulder on 10/14/2013, unofficial documentation showing evidence of impingement syndrome of the right shoulder with significant partial tear of the rotator cuff, x-rays of right shoulder and humerus, dates were not provided. The surgical history was not provided. The injured worker complained of right shoulder pain on 01/09/2014. The physical examination of right shoulder revealed tenderness above the anterior aspect of the shoulder, and range of motion of shoulder is full, motor strength of supraspinatus on the right 4+/5. There was a positive impingement tests, and a positive drop arm test. Medications were not provided. The treatment plan is for postoperative pain pump x30 days. The provider stated this patient had received appropriate nonoperative treatment and at this time is requesting to proceed with a diagnostic and operative arthroscopy of the right shoulder with acromioplasty and repair of the partial thickness rotator cuff tear. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PAIN PUMP X 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES SHOULDER - 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, Postoperative pain pump,

Decision rationale: The injured worker complained of right shoulder pain on 01/09/2014. The Official Disability Guidelines (ODG) stated a post-operative pain pump is not recommended. Three recent moderate quality RCTs (random control trials) did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This "pain pump" was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery. There is lack of documentation of any surgery scheduled. The request for the post-operative pain pump x 30 days exceeds the guidelines use of 2-3 days post-operative use. There is insufficient evidence to conclude that direct infusion through a pain pump is more effective than oral medications. Therefore the request for post Post-Operative Pain Pump x 30 Days is not medically necessary.