MAXIMUS Federal Services

Case Number:	CM14-0110911		
Date Assigned:	09/19/2014	Date of Injury:	01/11/2013
Decision Date:	11/17/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/16/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 50-year-old male with a 1/11/13 date of injury; when he sustained an injury to his right shoulder due to cumulative trauma. The patient underwent left shoulder surgery in 2010 and right shoulder surgery on 5/2/13 and right shoulder arthroscopy in 07/14. The patient was seen on 7/23/14 for the follow up visit. The patient stated that he was doing better after the surgery. Exam findings revealed that the patient was well-nourished, well-developed in moderate distress. There was pain and tenderness in the right shoulder. The diagnosis is status post right shoulder arthroscopy.Treatment to date: right and left shoulder surgeries, work restrictions, physical therapy and medications.An adverse determination was received on 6/23/14 given that the pump was not considered a medical necessity after a shoulder surgery and that the medications should control the patient's pain and that IF unit was not effective for a shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF POST OP 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, SHOULDER CHAPTER

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: CA MTUS does not address this issue. However, ODG does not recommend postoperative pain pumps, with 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. The patient underwent right shoulder arthroscopy in 7/14. The progress note dated 7/23/14 indicated that the patient was doing better after the surgery and that he still had some pain and tenderness in the right shoulder. However, there is a lack of documentation indicating that the patient's pain was poorly controlled and there was no rationale with clearly specified goals with a post pump usage for the patient. Therefore, the request for purchase of post op pain pump was not medically necessary.

POST OP RENTAL X 7 DAYS OF IF UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERRENTIAL CURRENT STIMULATION (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy Page(s): 118-120.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. The patient underwent right shoulder arthroscopy in 7/14 and the progress note dated 7/23/14 indicated that the patient was doing better after the surgery and that he still had some pain and tenderness in the right shoulder. However, there is a lack of documentation indicating that the patient's pain was poorly controlled and there was no rationale with regards to the necessity for an IF unit for the patient. Therefore, the request for post op rental x 7 days of IF unit was not medically necessary.