

Case Number:	CM14-0120379		
Date Assigned:	08/06/2014	Date of Injury:	03/28/2014
Decision Date:	10/02/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/28/2014

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 Family Medicine 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:

This is a male patient who reported an industrial injury on 3/28/2014, six (6) months ago, attributed to the performance of his usual and customary job tasks. The patient was diagnosed with a shoulder impingement and rotator cuff tear. The patient was recommended to have right shoulder arthroscopy with a rotator cuff repair. The patient was ordered a pain pump as DME for post-operative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 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-post operative pain pump

Decision rationale: The Official Disability Guidelines states, "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" for the post operative treatment of the shoulder. There is no evidence-based medicine that demonstrates the

efficacy of the E1399 or a DME pain pump over the conventional methods of postoperative pain control. There is no demonstrated medical necessity for the continuous infusion of a local anesthetic to the shoulder post operatively. The prescription by the treating physician offered no additional objective evidence to support medical necessity to override the recommendations of evidence-based guidelines. There is no objective evidence provided by the requesting surgeon to support the medical necessity of the purchase of a pain pump in the post operative care of the patient. The request for a pain pump is not medically necessary or appropriate.