

Case Number:	CM14-0130232		
Date Assigned:	08/20/2014	Date of Injury:	09/16/2010
Decision Date:	10/01/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational 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 case involves 68 year old female with a 9/16/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/13/2012 noted objective findings of no swelling in either knee, no medial or lateral joint line tenderness however, there was painless ROM of the shoulders bilaterally. Diagnostic impressions are status post-surgery left shoulder, and status post-surgery left knee. Treatment to date includes medication management, TENS, and surgery. A UR decision dated 7/10/14, denied the request for DME pain pump (purchase). 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Pain Pump (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee Post Operative Ambulatory Infusions pumps

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

Decision rationale: CA MTUS does not specifically address this issue. Official Disability Guidelines (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. Additionally, three recent moderate quality RCTs did not support the use of pain pumps. There is no evidence to support the use of a pain pump over conventionally administered medications. Furthermore, there is no documentation why this patient would specifically need a pain pump. Therefore, the request for DME pain pump (purchase) is not medically necessary.