

Case Number:	CM14-0171532		
Date Assigned:	10/23/2014	Date of Injury:	03/22/2013
Decision Date:	12/02/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic Surgery 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:

A 57-year-old claimant was involved in a motor vehicle accident; injured neck, back, shoulders, left knee and left hip on 3/22/13. The injured worker underwent a left shoulder decompression and partial distal claviclectomy and has been authorized 30 sessions post-op PT to date. The request is for a pain pump removal. Per [REDACTED] note dated 09/23/14, the patient is four days post repair of rotator cuff. There is severe pain. The patient is wearing a brace and abduction pillow. Continue on Keflex, Prilosec and Norco, Pain pump is removed easily, Wounds look good. No sign of infection. No further current clinical documentation submitted to support request. The note attests the pain pump is already removed. This request is for a pain pump removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Pump Removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Post Operative Pain 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, Postoperative pain pumps Other Medical Treatment Guideline or Medical Evidence: 1.)Ciccone

WJ 2nd, Busey TD, Weinstein DM, Walden DL, Elias JJ.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder pain pumps. Per the Official Disability Guidelines, Online edition, Shoulder Chapter, regarding postoperative pain pumps, "Not recommended. Three recent moderate quality RCTs 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. "In addition there are concerns regarding chondrolysis in the peer reviewed literature with pain pumps in the shoulder postoperatively. As the guidelines and peer reviewed literature does not recommend pain pumps, the determination is for denial for pain pump implantation or removal.