

Case Number:	CM14-0021023		
Date Assigned:	02/21/2014	Date of Injury:	04/10/1995
Decision Date:	08/19/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/09/2014

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:

The patient is a 58-year-old male with a 04/10/1995 date of injury. A specific mechanism of injury was not described. 12/10/13 determination was non-certified given that a post-operative pain pump is not supported by Official Disability Guidelines (ODG). There is an additional non-certification from the same date for an outpatient right shoulder subacromial decompression. 11/6/13 medical report identifies that the patient's shoulder pain has come back. There is also significant pain in the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE 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 patient has shoulder pain. There was a recommendation of a shoulder subacromial decompression which was denied on the same date as the requested post-operative pain pump. There is no indication that the surgical procedure has been authorized and/or

performed. In addition, the Official Disability Guidelines (ODG) states that three recent moderate quality RCTs did not support the use of pain pumps. Therefore, the request for post operative pain pump is not medically necessary and appropriate.