

Case Number:	CM14-0046490		
Date Assigned:	07/02/2014	Date of Injury:	04/12/2011
Decision Date:	07/31/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/14/2014

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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Shoulder and Elbow 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 injured worker is a 43-year-old male who reported an injury on 04/12/2011 caused by an unknown mechanism. On 05/19/2014 the injured worker complained of pain throughout his body that affects his sleep and activities of daily living. He states that he lacks energy cause by not getting enough sleep. It was stated that he feels sad, worried, stressed, and nervous and has body tension. The objective findings of the inured worked included him being sad, anxious, apprehensive, bodily tension and appeared tired. It was noted that he continues to face a significant amount of stress because of his physical condition. It was noted the injured worker needs to continue treatment to address his serious symptoms of depression and anxiety. The injured worker was awaiting for authorization for another surgery of his left shoulder. The treatment plan included for a decision for 1 purchase of a pain pump, cold therapy and ultrasling for post-operative use on the left shoulder. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Pain Pump, Cold Therapy and Ultrasling for Post-Operative Use on the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): <https://www.acoempracguides.org/Shoulder>; Table 2 Summary of

Recommendations, Shoulder Disorders. Decision based on Non-MTUS Citation Broadspire Physical Medicine Criteria: Bracing and Orthotics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders (Acute & Chronic) Cold Therapy.

Decision rationale: Per ACEOM guidelines recommends slings for AC joint strain or separation and rotator cuff tears. The Official Disability Guidelines (ODG) does not recommend cold therapy for the shoulders. The guidelines states that deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. The Official Disability Guidelines (ODG) does not recommend postoperative pain pump for the shoulders. The guidelines state that 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. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This pain pump was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery. 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. This study neither supports nor refutes the use of infusion pumps.) This study concluded that infusion pumps did not significantly reduce pain levels. This study found no difference between interscalene block versus continuous subacromial infusion of a local anesthetic with regard to efficacy, complication rate, or cost. The documents submitted for review did not have any indication that the injured worker has undergone his left shoulder surgery. The documents provided on 05/19/2014 stated that the injured worker was awaiting for authorization for the left shoulder surgery. Given the above, the request for 1 purchase of a pain pump, cold therapy and ultrasling for post-operative use on the left shoulder is not medically necessary.