

Case Number:	CM14-0051820		
Date Assigned:	07/07/2014	Date of Injury:	07/05/2013
Decision Date:	08/29/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 29-year-old male who had a work-related injury on 07/05/13. It was documented he was lifting a recliner sofa with a coworker when the coworker dropped his end, causing the injured worker to sustain a twisting injury to his right shoulder. He states it felt as if the shoulder had come out of the socket. It was documented the injured worker reduced his own shoulder spontaneously. Notes reviewed indicate he has been treated with physical therapy, anti-inflammatory medication, and pain medication without any significant relief of his symptoms. He underwent a right shoulder arthroscopy, biceps tenodesis, acromioplasty, Mumford procedure, partial synovectomy, and removal of loose bodies, with lysis of adhesions, subacromial bursectomy and insertion of pain pump in the subacromial space. A utilization review on 04/09/14 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 request for durable medical equipment (DME) in the form of a pain pump is not medically necessary or appropriate. The current evidence-based guidelines do not support the request. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional preoperative or postoperative pain control using oral, intramuscular or intravenous measures. Three recent randomized controlled trials (RCTs) did not support the use of these pain pumps. A small case series (ten patients) concluded that use of intra-articular pain pump catheters eluting bupivacaine with epinephrine appear highly associated with post-arthroscopic glenohumeral chondrolysis (PAGCL), and therefore intra-articular pain pump catheters should be avoided until further investigation. Because of inadequate evidence-based support for this treatment, medical necessity for this request has not been established.