

Case Number:	CM14-0067390		
Date Assigned:	09/18/2014	Date of Injury:	09/29/2012
Decision Date:	10/16/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/12/2014

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 is a 48-year-old male with a 9/29/12 date of injury. The mechanism of injury involved jamming his left shoulder against a pillar while trying to break up a fight. The initial orthopedic progress report dated 11/18/13 stated that the patient complained of constant left shoulder pain, stiffness, and weakness. Exam findings of the left shoulder revealed decreased range of motion and a positive Hawkins impingement sign. It was noted that a left shoulder MR arthrogram dated 11/2/12 showed a near full-thickness tear of the anterior attachment of the supraspinatus, and a tear of the superior labrum. On 2/7/14, the patient underwent a left shoulder arthroscopy with partial synovectomy and subacromial decompression. A Lidocaine pain pump was placed in the subacromial space during the procedure to reduce postoperative pain. The patient's diagnoses included left shoulder impingement, rotator cuff tear, infraspinatus and supraspinatus tendinitis. In addition to the pain pump, the patient's medications included Norco 10/325, 1 tab PO q8h PRN, Flexeril 7.5mg, 1 tab PO BID, gabapentin 400mg, 1 tab PO BID, and Flurbiprofen 20% cream. The most recent physician note dated 4/7/14 stated that a request for the pain pump was ordered to be used in conjunction with a postoperative rehabilitation program, for 3-5 days, then disposed of. This was to help minimize the pain associated with surgery and decrease the consumption of prescription pain pills. Treatment to date: medications (including pain pump), shoulder injection, chiropractic care, left shoulder arthroscopy with partial synovectomy and subacromial decompression (2/7/14), ultrasound and electrical stimulation, physical therapy, and aqua therapy. An adverse determination was received on 4/10/14. No rationale was included in the documentation.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines (chapter on the shoulder)

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 address the request for pain pump. However, 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. This patient underwent a left shoulder arthroscopy with partial synovectomy and subacromial decompression on 2/7/14 for a near full-thickness tear of the anterior attachment of the supraspinatus, and a tear of the superior labrum. A Lidocaine pain pump was placed during the procedure to reduce postoperative pain and to decrease the consumption of prescription pain pills. In addition to the insufficient evidence supporting the use of postoperative pain pumps, as stated by ODG, there was a lack of documentation as to why this patient would require a pain pump (i.e. difficulty swallowing, adverse reaction to pain pills). There was not enough clinical evidence provided to deviate from the guidelines. Therefore, the request for pain pump was not medically necessary.