

Case Number:	CM14-0075061		
Date Assigned:	07/18/2014	Date of Injury:	10/19/2012
Decision Date:	09/17/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 53 year old female who was injured at work on 10/19/2012 . The injured worker has been diagnosed of Right shoulder tendinitis/ bursitis, multiple level cervical disc protrusion, cervical Radiculopathy, Lumbosacral radiculopathy. During her 05/ 27/2014 visit, she complained of neck pain that increases with standing, sitting, and neck movement, difficulty using the right upper extremity, or any overhead activity on the right side, due to pain. The physical examination revealed positive impingement and decreased range of motion of the right shoulder., decreased range of motion of the neck, decreased sensations in the C5 AND C6 distribution. She is being treated with Gabapentin, Anaprox, and Norco. She had a right shoulder arthroscopic rotator cuff repair on 04/20/2104. In dispute is the request for Pain Pump.

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: 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 (Acute or Chronic)>, < Postoperative pain pump).

Decision rationale: The Guideline recommends against the use of pain pumps since recent moderate quality randomized control studies do not support the use of pain pumps. Furthermore, there are studies linking the use of pain pumps to post arthroscopic glenohumeral chondrolysis, therefore this request is not medically necessary.