

Case Number:	CM14-0081240		
Date Assigned:	07/18/2014	Date of Injury:	02/05/2013
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 was a 65-year-old female who reported an injury on 02/05/2013, while doing her customary duties, developed gradual increasing back, neck, upper, and lower extremity pain. The injured worker had a history of left arm pain which radiated to the neck and fingers. The diagnoses included shoulder impingement syndrome, rotator cuff tear, osteoarthritis to the shoulder; and lateral epicondylitis. The objective findings dated 03/17/14 of the left shoulder revealed tenderness to palpation at the left lateral epicondyle and anterior shoulder, motor strength 4/5 and range of motion with a flexion of 160/140 and extension 30/30. The past treatments included acupuncture, cortisone injections to the subacromial region, and chiropractic therapy. The diagnostics included an x-ray of the cervical spine dated 03/03/2014 that revealed degenerative changes of the mid-cervical spine, mainly at the C5-6, with minimal strain of the cervical spinal lordosis; suggestion of osteopenia. The past surgical procedures included a left shoulder arthroscopic. The injured worker did not respond to conservative care. The medications included Motrin, with a reported pain level of 8/10 using the VAS. The rationale was not provided. The Request for Authorization dated 04/28/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

External disposable pain pump for analgesia post-operatively for the left shoulder arthroscopic procedure for impingement syndrome, possible RTC repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder chapter, post-operative pain pump.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Chronic & Acute) Postoperative pain pump.

Decision rationale: The request for external disposable pain pump for analgesia postoperative for the left shoulder, arthroscopic procedure for impingement syndrome, possible RTC repair is not medically necessary. Three recent moderate-quality randomized control trial 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 studies and poorly designed, randomized, controlled studies with small populations. Most of the available evidence has involved assessing efficacy following orthopedic surgery, especially shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to the 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 the surgery. This 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. The guidelines do not recommend the use of a postoperative pain pump. As such, the request is not medically necessary.