

<b>Case Number:</b>	CM14-0192142		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 and is licensed to practice in Minnesota. 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 36 year old male was injured while employed on 08/10/2013. On 12/11/2013 he underwent a left shoulder arthroscopy, Bankart repair utilizing an Arthrex anchor, acromioplasty, Mumford procedure, lysis of adhesions and a subacromial bursectomy, partial synovectomy, removal of loose bodies and insertion of pain pump in the subacromial space. Physician evaluation on 06/09/2014 noted increased pain in the left shoulder. He was diagnosed with a recurrent rotator cuff tear of the left shoulder. The injured worker underwent a MR arthrogram of the left shoulder on 08/25/2014 which revealed a SLAP tear of the superoanterior labrum, mild rotator cuff tendinosis with a shallow undersurface articular sided tear of the supraspinatus tendon. There was no muscle atrophy or tendon retraction. Postsurgical changes were present in the glenoid. He was prescribed the following medication: Hydrocodone 10/325mg, Diclofenac Sodium 100mg, Orphenadrine 100mg and Pantoprazole Sodium 20mg. On 10/16/14 he returned with severe locking and catching of the left shoulder. The examination findings were consistent with a large labral tear. An x-ray of the shoulder revealed some soft tissue swelling. The provider requested authorization for additional surgery to repair the large labral tear. A pain pump was again requested. The Utilization Review (UR) dated 11/13/2014 non-certified the request for durable medical equipment (post-operative pain pump) as not medically necessary. The reviewing physician referred to CA MTUS Chronic Pain Guidelines, ACOEM Practice Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative Pain pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** California MTUS guidelines do not address the use of intra-articular pain pumps after shoulder surgery. Implantable drug delivery systems referred to in the chronic pain guidelines do not pertain to postoperative shoulder pain pumps. ODG guidelines were therefore used. ODG guidelines do not recommend use of postoperative pain pumps after shoulder surgery. Three recent randomized controlled trials did not support the use of these pain pumps. A small case series of 10 patients concluded the use of intra-articular pain pump catheters were associated with post arthroscopic glenohumeral chondrolysis and therefore intra-articular pain pump catheters should be avoided until further investigation. On the other hand a retrospective study of 583 patients concluded that subacromial pain pumps used for arthroscopic shoulder procedures are safe in the short-term. The guidelines do not recommend pain pumps after shoulder surgery and as such the request for the postoperative pain pump was not medically necessary.