

<b>Case Number:</b>	CM15-0105423		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 32 year old male, who sustained an industrial injury on 3/13/14. He has reported initial complaints of left shoulder, right knee, and neck pain due to repetitive work and anxiety, depression, insomnia and headaches due to pressure at work. The diagnoses have included cervical strain/sprain, bilateral shoulder pain rule out internal derangement, Bell's palsy, headaches and history of Diabetes. Treatment to date has included medications, activity modifications, off work, diagnostics, physical therapy, and other modalities. Currently, as per the physician progress note dated 1/20/15, the injured worker complains of burning bilateral shoulder pain that radiates down the arms to the fingers and associated with muscle spasms. He rates the pain 6-7/10 on pain scale and describes it as constant and severe. The bilateral shoulder exam reveals tenderness to palpation at the trapezius, supraspinatus, levator scapula and rhomboid muscles with a trigger point noted. There is acromioclavicular joint arthrosis noted. The left and right shoulder range of motion is decreased with flexion 150 degrees bilaterally, abduction 150 degrees bilaterally, internal rotation 40 degrees bilaterally and external rotation 60 degrees bilaterally. The Neer's impingement sign and Kennedy Hawkins sign was positive bilaterally. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder dated 8/3/14 reveals supraspinatus tendinosis versus partial interstitial tendon tear, infraspinatus tendinosis, biceps tenosynovitis, superior labral tear from anterior to posterior (SLAP) Type II, mild subacromial/subdeltoid bursitis, and mild osteoarthritis. The current medications included Deprazine, Dicopanol, fanatrex, Synapryn, Tabradol,

Cyclobenzaprine and Ketoprofen cream topically. The physician requested treatment included Pain Pump Post-OP Left Shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pain Pump Post-OP Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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) shoulder and Other Medical Treatment Guidelines Matsen FA 3rd, Papadonikolakis A. Published evidence demonstrating the causation of glenohumeral chondrolysis by postoperative infusion of localanesthetic via a pain pump. J Bone Joint Surg Am. 2013 Jun 19;95(12):1126-34.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder pain pumps. Per the Official Disability Guidelines, Online edition, Shoulder Chapter, regarding postoperative pain pumps, "Not recommended. Three recent moderate quality RCTs 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 series and poorly designed, randomized, controlled studies with small populations." In addition, there are concerns regarding chondrolysis in the peer reviewed literature with pain pumps in the shoulder postoperatively. As the guidelines and peer reviewed literature does not recommend pain pumps, the request is not medically necessary.