

<b>Case Number:</b>	CM15-0148303		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	11/20/2003
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 49 year old female, who sustained an industrial injury on 11-20-2003. Diagnoses include rotator cuff tear non-traumatic. Treatment to date has included surgical intervention as well as diagnostics, medications, modified activity, therapy, and shoulder injections. Per the Primary Treating Physician's Progress Report dated 7-13-2015, the injured worker reported left shoulder pain, left hand pain, right shoulder pain, right hip pain and neck pain. Physical examination of the left shoulder revealed a high riding left shoulder. There were arthroscopic portals noted and wounds were clean with no signs of infection. There was tenderness to the anterior shoulder region, inclusive of the subacromial space, inclusive of the acromioclavicular joint. The plan of care included surgical intervention of the left shoulder. Authorization was requested for pain pump purchase and continuous passive motion (CPM) machine 21 day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain pump, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

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

**Decision rationale:** Regarding the request for Pain pump, purchase, California MTUS guidelines do not address the use of intra-articular pain pumps after shoulder surgery. ODG guidelines do not recommend use of postoperative pain pumps after shoulder surgery. As such, the current requested Pain pump, purchase is not medically necessary.

**CPM x 21 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous passive motion (CPM).

**Decision rationale:** Regarding the request for CPM x 21 day rental, California MTUS and ACOEM do not contain criteria for this treatment modality. ODG states continuous passive motion is not recommended after shoulder surgery for rotator cuff tears. As such, the currently requested CPM x 21 day rental is not medically necessary.