

Case Number:	CM15-0195427		
Date Assigned:	10/14/2015	Date of Injury:	09/27/2009
Decision Date:	11/30/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old male, with a reported date of injury of 09-27-2009. The diagnoses include left lateral elbow epicondylitis, left shoulder bursitis and impingement, left rotator cuff syndrome, pain in left upper arm joint, and left upper humerus fracture. Treatments and evaluation to date have included left elbow lateral release and left shoulder subacromial steroid injection on 03-27-2015, and physical therapy. The diagnostic studies to date have included an MRI of the left upper extremity joint on 06-05-2012 which showed mild supraspinatus and infraspinatus tendinopathy and mild acromioclavicular arthrosis. The progress report dated 08-20-2015 indicates that the injured worker was status post left elbow lateral release on 03-27-2015. It was noted that there since the last visit there had been no change. The injured worker continued to have intermittent pain in the left elbow with radiation into the left shoulder. It was noted that the injured worker had completed 6 out of 12 physical therapy sessions. The objective findings include left elbow range of motion at 10-90 degrees; left shoulder flexion and abduction at 120 degrees with pain and crepitus; positive left shoulder impingement; and positive acromioclavicular. The injured worker was instructed to return to modified work. The treating physician requested a post-operative pain pump for one week. On 09-15-2015, Utilization Review (UR) non-certified the request for a post-operative pain pump for one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op pain pump for one week: 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), Shoulder Chapter - Postoperative 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 Chapter, under Postoperative pain pump.

Decision rationale: The current request is for a Post-op pain pump for one week. Treatment to date have included left elbow lateral release and left shoulder subacromial steroid injection on 03/27/15, splint, medications, activity modification, and physical therapy. The patient may return to modified duty. ODG guidelines, Shoulder Chapter, under Postoperative pain pump states 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. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. Per report 06/04/15, the patient presents with left elbow and left shoulder pain. The objective findings include left elbow range of motion at 10-90 degrees, left shoulder flexion and abduction at 120 degrees with pain and crepitus, and positive left shoulder impingement. The treater states that the patient failed all conservative therapy and a left subacromial decompression and acromioclavicular resection was requested. This is a request for Post-operative pain pump for one week. The medical records indicate that the patient is pending left shoulder surgery. In this case, the use of a pain pump for shoulder procedures is not in accordance with ODG guidelines. The request for Pain pump for post op use is not medically necessary.