

Case Number:	CM15-0196724		
Date Assigned:	10/12/2015	Date of Injury:	05/29/2015
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
 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:

This 56 year old female sustained an industrial injury on 5-29-15. Documentation indicated that the injured worker was receiving treatment for a left shoulder injury with impingement, rotator cuff tendinitis, subacromial bursitis and acromioclavicular arthritis and left thumb triggering. Previous treatment included physical therapy, injections, modified duty and medications. Magnetic resonance imaging left shoulder (8-25-15) showed mild acromioclavicular degenerative changes and a small type II superior labral anterior posterior lesion. In a PR-2 dated 9-2-15, the injured worker reported that she was doing worse with "severe" left shoulder pain and "significant" left thumb pain. The injured worker reported that Naproxen Sodium was not helping much with the pain. Physical exam was remarkable for left shoulder with "significant" tenderness to palpation over the biceps tendon and superior aspect of the shoulder over the acromioclavicular joint, range of motion: flexion 140 degrees, extension 50 degrees, abduction 140 degrees, adduction 50 degrees and internal and external rotation 90 degrees, "significantly" positive Neer's test and positive Hawkin's and horizontal cross arm adduction tests. Exam of the left hand showed "significant" tenderness to palpation with swelling over the flexor tendon and metacarpophalangeal joint crease with triggering. The treatment plan included requesting authorization for left shoulder arthroscopic decompression and distal clavicle resection and at the same time, left trigger thumb release of the A1 pulley with associated surgical services including a pain pump, shoulder immobilizers, 7 days cold therapy unit rental and preoperative clearance. On 9-16-15, Utilization Review noncertified a request for associated surgical service: pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Pain Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Chapter, regarding postoperative pain pumps.

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 determination is for not medically necessary.