

Case Number:	CM13-0009408		
Date Assigned:	11/01/2013	Date of Injury:	07/17/2012
Decision Date:	01/23/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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:

The patient is a 50-year-old female who reported an injury on 07/17/2012. The mechanism of injury was not provided. The patient was subsequently diagnosed with a left shoulder injury and a lumbosacral sprain with occasional to intermittent left lower extremity radiculitis. The patient recently received approval for a left shoulder arthroscopic debridement with acromioplasty, resection of coracoacromial ligament and bursa, possible clavicle resection, and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative pain pump for the 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, online version, Shoulder, 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, Post-operative Pain Pumps.

Decision rationale: The Official Disability Guidelines do not recommend the use of a pain pump after surgery due to the lack of evidence showing any increased benefit over traditional pain control methods. The request does not meet guideline recommendations.