

<b>Case Number:</b>	CM14-0119328		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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 injured worker is a 40 year old male whose date of injury is 01/15/2014. The injured worker tried to brace himself to prevent a fall down a flight of stairs on this date. Since that time he has had pain with decreased range of motion in the right shoulder. Treatment to date includes physical therapy and medication management. Physical examination on 06/19/14 indicates there is less than 20 degrees of full flexion with no internal/external rotation. MRI of the right shoulder dated 06/16/14 revealed significant synovitis and capsulitis of the shoulder. There is evidence of partial interstitial insertional tear of the supraspinatus tendon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Pain Pump:** 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 Chapter, Postoperative pain pump

**Decision rationale:** Based on the clinical information provided, the request for durable medical equipment (DME) pain pump is not recommended as medically necessary. The Official

Disability Guidelines (ODG) Shoulder chapter notes that pain pumps are not recommended. There is no clear rationale provided to support the requested pain pump, and therefore, medical necessity is not established in accordance with the ODG.