MAXIMUS Federal Services

Case Number:	CM14-0166767		
Date Assigned:	10/14/2014	Date of Injury:	05/30/2010
Decision Date:	11/14/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who was injured cumulatively leading up to 5/30/2010. He was diagnosed with carpal tunnel syndrome, lesion of the ulnar nerve, wrist tendinitis/bursitis, lumbar disc degeneration with radiculitis, fasciitis, and left shoulder impingement syndrome with tendonitis. He was treated with oral analgesics including opioids. He also was treated with left shoulder surgery on 9/12/14 (arthroscopy, synovectomy, chondroplasty, subacromial decompression with resection of the CA ligament). During the surgery, his surgeon also placed an Angiocath in the subacromial space via a separate incision followed by a pain pump catheter in the subacromial space. The surgeon then recommended the worker use the non-programmable pain pump filled with lidocaine for 3 days post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 DAY USE OF NON-PROGRAMMABLE 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

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

Decision rationale: The MTUS Guidelines do not address postoperative pain pumps for shoulder surgeries. The ODG, however, states that they are not recommended based on the most recent trials suggesting no benefit over oral, intramuscular, or intravenous measures to administer pain medications. Another reason for hesitation is based on a small case series showing intra-articular pain pumps increasing risk of postarthroscopic glenohumeral chondrolysis. In the case of this worker, the pain pump was inserted immediately following the shoulder surgery, which is not recommended or medically necessary.