

Case Number:	CM14-0024775		
Date Assigned:	03/26/2014	Date of Injury:	03/05/2013
Decision Date:	06/30/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopedic Surgery 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 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 claimant is a 58-year-old gentleman who sustained an injury to the right shoulder in a work related accident on March 5, 2013. The clinical records provided for review documented that the claimant has been certified to undergo right shoulder arthroscopy, rotator cuff repair, subacromial decompression and distal clavicle excision. There is a specific request in this case for use of a pain pump in the postoperative setting as well as a cryotherapy device for an unspecified period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PUMP, RENTAL OR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC), Shoulder Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative pain pump

Decision rationale: California MTUS and ACOEM Guidelines do not address pain pumps in the postoperative setting. When looking at Official Disability Guidelines, the use of a pain pump

following shoulder procedure would not be indicated. The Official Disability Guidelines do not recommend the role of pain pumps in the postoperative setting of shoulder surgeries due to a lack of long-term studies proving their benefit over the traditional first line treatment for pain control. The specific request for the above postoperative device would not be supported.

COLD THERAPY UNIT, RENTAL OR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC), Shoulder Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: The ACOEM Guidelines state that cryotherapy is an option for acute and subacute shoulder pain. When looking at the Official Disability Guidelines, cryotherapy can be recommended for up to seven days after surgery including home use. In this setting, the specific timeframe for duration of use is not documented. There would be no support for purchase of the device. In absence of documentation regarding the length of time prescribed for use of the cryotherapy device, the request cannot be recommended as medically necessary.