

Case Number:	CM14-0090444		
Date Assigned:	06/20/2014	Date of Injury:	01/24/2013
Decision Date:	08/05/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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:

This 37-year-old female sustained an industrial injury on 1/24/13, due to repetitive trauma. The 3/16/13 left shoulder MRI impression documented distal anterior supraspinatus tendon strain/tendinosis without tear, insertional strain of the subscapularis tendon without tear, and bursal inflammation. The 9/18/13 left shoulder MRI documented supraspinatus and infraspinatus tendinitis. The 4/29/14 treating physician progress report cited grade 8/10 left shoulder, arm, and wrist pain. The provider has recommended left shoulder diagnostic arthroscopy with subacromial decompression and labral repair. The 5/19/14 utilization review modified the request for a shoulder sling with abduction pillow and approved a shoulder sling without the abduction pillow based on an absence of documented medical necessity consistent with guidelines. The request for pain pump was denied as there was no guideline support for this item.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Pump for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 pump.

Decision rationale: The California MTUS guidelines are silent regarding this device. The Official Disability Guidelines state that post-operative pain pumps are not recommended. Guidelines state there is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. Three recent moderate quality randomized controlled trials did not support the use of pain pumps. Given the absence of guideline support for the use of post-operative pain pumps, this request for pain pump purchase is not medically necessary.