

Case Number:	CM14-0098324		
Date Assigned:	09/12/2014	Date of Injury:	07/13/2008
Decision Date:	10/14/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 49-year-old female who reported an injury on 07/13/2008 due to an unknown mechanism. Diagnoses were adhesive capsulitis shoulder, impingement shoulder, and sprain rotator cuff. Past treatments were medications, acupuncture, physical therapy, and steroid injections to the right shoulder. Surgical history was repair of a focal near full thickness supraspinatus rotator cuff tear of right shoulder on 05/28/2014. The physical examination on 06/02/2014 revealed the injured worker was 2 days status post right shoulder surgery. The injured worker denied nausea and vomiting. The pain level was reported as a 5/10. The examination revealed bulky dressing was removed. The pain pump was intact. Sutures were intact. There was moderate swelling, moderate bruising, and no sign of infection. The pain pump was removed. The wound was cleaned and Steri-Strips were applied. The treatment plan was to continue current care of medications, ice, and sling. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Day 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, Shoulder (updated 4/25/14), 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, Postoperative Pain Pump

Decision rationale: The decision for 2 Day pain pump is not medically necessary. The Official Disability Guidelines state postoperative pain pump is not recommended. 3 recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed, randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This pain pump was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 days or 3 days after surgery. There is insufficient evidence to conclude that drug infusion is as effective as or more effective than, conventional pre or postoperative pain control using oral, intramuscular, or intravenous measures. The medical guidelines do not support the use of postoperative pain pumps. There were no other significant factors provided to justify the use outside of the current guidelines. Therefore, this request is not medically necessary.