

Case Number:	CM15-0112280		
Date Assigned:	06/18/2015	Date of Injury:	11/17/2014
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 3, 2014. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for postoperative pain pump. The claims administrator referenced a progress note dated April 27, 2015 and an associated RFA form of May 18, 2015 in its determination. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant was placed off of work, on total temporary disability. Operative intervention of a massive rotator cuff tear was proposed, along with a cold unit, assistant surgeon, abduction sling, and postoperative physical therapy. Medications to include Motrin and Flexeril were apparently renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders, Postoperative pain pump.

Decision rationale: No, the proposed postoperative pain pump was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Shoulder Chapter Postoperative Pain Pump topic notes that postoperative pain pumps are "not recommended" for postoperative use following shoulder surgery, as was planned here. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ODG position on the article at issue. Therefore, the request was not medically necessary.