

<b>Case Number:</b>	CM15-0118989		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/13/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 59-year-old male, who sustained an industrial/work injury on 11/13/14. He reported initial complaints of right shoulder pain. The injured worker was diagnosed as having right shoulder sprain/strain, right shoulder impingement, full thickness supraspinatus and infraspinatus tendon tears, cephalad subluxation of the humeral head, effusion with subacromial bursitis, and posterior labral irregularity, suspicious of tear. Treatment to date has included medication, diagnostics, and orthopedic consultation. MRI results were reported on 2/27/15. Currently, the injured worker complains of right shoulder pain rated 8/10 with pain in the arm at the side. Per the primary physician's progress report (PR-2) on 4/30/15, examination revealed limited range of motion to the right shoulder with tenderness over the biceps and over the greater tuberosity, external rotation strength was 4/5, positive Neer's and Hawkins' sign present. Current plan of care included surgery to include arthroscopy, debridement, and rotator cuff repair with decompression with post surgical medical equipment use. The requested treatments include Post- operative Pain Pump, right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative Pain Pump, Right Shoulder:** 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 - Post operative 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 and Other Medical Treatment Guidelines 1.) Ciccone WJ 2nd, Busey TD, Weinstein DM, Walden DL, Elias JJ. Assessment of pain relief provided by interscalene regional block and infusion pump after arthroscopic shoulder surgery. *Arthroscopy*. 2008 Jan;24(1):14-9. 2.) Matsen FA 3rd, Papadonikolakis A. Published evidence demonstrating the causation of glenohumeral chondrolysis by postoperative infusion of local anesthetic via a pain pump. *J Bone Joint Surg Am*. 2013 Jun 19; 95(12):1126-34.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder pain pumps. Per the Official Disability Guidelines, Online edition, Shoulder Chapter, regarding postoperative pain pumps, "Not recommended. Three 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." In addition, there are concerns regarding chondrolysis in the peer reviewed literature with pain pumps in the shoulder postoperatively. As the guidelines and peer reviewed literature does not recommend pain pumps, the request is not medically necessary.