

Case Number:	CM15-0126509		
Date Assigned:	07/13/2015	Date of Injury:	09/23/2011
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 59 year old male, who sustained an industrial injury, September 23, 2011. The injured worker previously received the following treatments right shoulder MRI which showed a full thickness rotator cuff tear on October 19, 2014 and lumbar spine MRI. The injured worker was diagnosed with internal derangement of the right shoulder, right full thickness rotator cuff tear and AC joint arthrosis. According to progress note of February 16, 2015, the injured worker's chief complaint was right shoulder pain, due to a full thickness tear. The physical exam noted the range of motion of the right upper extremity was forward flexion of 160 degrees, abduction of 140 degrees extension of 30 degrees, adduction of 20 degrees, internal rotation of 50 degrees and external rotation of 60 degrees. There was crepitus with range of motion of the right shoulder. There was tenderness over the AC joint, greater tuberosity, the supraspinatus fossa and the parascapular region. According to the progress noted of January 5, 2015, the injured worker rated the pain at 7 out of 10. The treatment plan included pain pump for postoperative pain, after right rotator cuff surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain pump, post-operative.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does not recommend post-operative pain pumps as there is no evidence supporting their superiority to conventional post-operative pain control. The review of the provided clinical documentation does not show the patient to have a contraindication to conventional post-operative pain control and therefore the request is not medically necessary.