

Case Number:	CM15-0078845		
Date Assigned:	04/30/2015	Date of Injury:	04/13/2011
Decision Date:	06/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 56 year old male, who sustained an industrial injury on 4/13/2011. Diagnoses include right knee medial meniscus tear plus chondromalacia of the patella, left knee overuse syndrome, bilateral shoulder posttraumatic arthrosis of the acromioclavicular joints secondary to overuse, stress, depression, anxiety, insomnia, gastroesophageal reflux disease (GERD), sexual dysfunction, cervical C5-6 herniated nucleus pulposus of 4mm, right wrist sprain from fall 2/11/2012, status post arthroscopic medial meniscectomy and chondroplasty patella of the right knee, status post left shoulder arthroscopic decompression with partial claviclectomy and status post right shoulder arthroscopic subacromial decompression and partial distal claviclectomy. Treatment to date has included diagnostics, surgical interventions, medications, physical therapy and acupuncture. Per the Comprehensive Orthopedic Reevaluation dated 3/23/2015, the injured worker was three days status post arthroscopic subacromial decompression and his COM machine is at 90 degrees. His pain pump was removed. Physical examination revealed clean wounds and range of motion approximately 60 degrees of flexion and abduction is about 40 degrees. There was no sign of infection. There was quite a bit of anterior bruising which was to be expected. The plan of care included medications. Authorization was requested for a half arm wrap for purchase, universal therapy wrap Q tech cold therapy and Q pain pump for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

On Q 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 Mariano ER, et al. Management of acute perioperative pain. Topic 398, version 28.0. UpToDate, accessed 05/25/2015. Halyard, On-Q pain relief system. <http://www.halyardhealth.com/solutions/pain-management/acute-pain-solutions/on-q-pain-relief-system.aspx>, accessed 05/25/2015.

Decision rationale: The On-Q pain relief system is a type of elastic pump that gives a continuous controlled dose of local numbing medicine where a person had surgery. It involves a thin tube implanted at the site of the surgery where the medication is given. The MTUS Guidelines are silent on this specific issue. While there is some limited literature to support the use of this pump in some cases, it should not be routinely used. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the purchase of the On-Q pain pump is not medically necessary.