

Case Number:	CM15-0079066		
Date Assigned:	04/30/2015	Date of Injury:	04/13/2011
Decision Date:	05/29/2015	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male injured worker suffered an industrial injury on 04/13/2011. The diagnoses included post-traumatic stress reaction, bilateral shoulder impingement with post traumatic arthrosis, bilateral knee chondromalacia, cervical disc disease and chronic pain syndrome. The diagnostics included right shoulder x-ray. The injured worker had been treated with medications and right shoulder arthroscopy. On 3/23/2015, the treating provider reported the injured worker was 3 days post right shoulder arthroscopy with pain pump removable, that was effective the past 3 days. The treatment plan included Non-programmable pain pump and Shoulder CPM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-programmable pain pump for purchase: 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, Pain Pump.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder- Postoperative pain pump, page 933.

Decision rationale: Per ODG, the post-operative pain pump was intended to help considerably with postoperative discomfort, and is removed by the patient or their family 2 or 3 days after surgery; however, there is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. Submitted reports have not demonstrated indication outside the guidelines criteria for this pump purchase. The Non-programmable pain pump for purchase is not medically necessary and appropriate.

Shoulder CPM, with pads for rental30 days: 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, CPM Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous Passive Motion (CPM), page 910.

Decision rationale: Although ODG does recommend CPM for post knee surgery with restricted indications, it specifically states the CPM is not recommended for post shoulder surgeries as multiple studies have note no difference in function, pain, strength or range of motion. Submitted reports have not demonstrated adequate support for the continuous passive motion unit post shoulder arthroscopy outside the recommendations of the guidelines. The Shoulder CPM, with pads for rental 30 days is not medically necessary and appropriate.