

Case Number:	CM15-0079916		
Date Assigned:	04/30/2015	Date of Injury:	09/11/2014
Decision Date:	06/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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, Georgia

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 is a 42 year old female, who sustained an industrial injury on 9/11/2014. She reported pain in her low back and right shoulder while pulling overstock into overhead bays. The injured worker was diagnosed as having right shoulder rotator cuff tear. Treatment to date has included diagnostics, physical therapy, work restrictions, and medications. Currently, the injured worker complains of right shoulder pain with marked weakness. Impingement signs and drop arm test were positive. Diagnostic testing was referenced. Her work status was documented as total temporary disability. The treatment plan included surgical intervention to the right shoulder, post-operative physical therapy, shoulder sling, cold therapy unit purchase, interferential unit purchase, and subacromial post-operative pain pump purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial post operative pain pump for the right shoulder (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Page(s): 120. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Shoulder - Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Pain Pump.

Decision rationale: CA MTUS is silent on the use of pain pumps. ODG states that pain pumps are not medically indicated as three recent randomized controlled trials did not support their use. Pain pump purchase is not medically necessary.