

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	7/10/2009
IMR Application Received:	7/8/2013
MAXIMUS Case Number:	CM13-0000999

- 1) MAXIMUS Federal Services, Inc. has determined the request for a pain pump **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/8/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a pain pump **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

“66 year-old (DOB: ██████████) male who injured his internal organs mental/mental, both shoulders, upper back area. This happened while at work on 07/10/09. He is currently not working (retired). The Internal Organs, Mental/Mental, Both Shoulders, Upper Back Area has been accepted by the carrier. 05/07/13 ██████████, MD: Orthopedic Evaluation report: Assessment: History of industrial injury to bilateral shoulders dated 07/10/09: MRI of the left shoulder (11/15/12) reveals findings suggestive of posterior dislocation and rotator cuff tendinosis.

06/25/13 ██████████, MD requested authorization for Pain Pump. DX: left shoulder status post dislocation/instability and labral tear. Surgery date: 07/12/13. Procedure: Left shoulder diagnostic/operative arthroscopic debridement with, acromioplasty resection of the coracoacromial ligament and bursa as indicated: possible distal clavicle resection and arthroscopic Bankart/anterior labral repair and capsulolabral repair.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/8/2013)
- Utilization Review done by ██████████ (dated 7/2/2013)
- Medical Records from Dr. ██████████ MD (dated 6/23/12; 11/12/12; 12/10/12)
- Medical Records from ██████████ (dated 6/23/13)

- Medical Records from [REDACTED] (dated 6/23/13; 7/31/12)
- Medical Records from [REDACTED] DC., QME (dated 8/9/12; 12/12/12; 2/4/13; 4/15/13; 5/24/13; 6/17/13)
- Medical Records from [REDACTED] MD (dated 5/7/2013; 6/17/13; 6/25/13)
- Medical Records from [REDACTED] (dated 11/15/12; 11/20/12)
- Official Disability Guidelines (ODG) (latest version) Chapter 3 Postoperative pain pump.

1) Regarding the request for a pain pump:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Postoperative pain pump, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) (latest version), Postoperative pain pump, which is not part of the MTUS.

Rationale for the Decision:

The employee has bilateral shoulder pain due to a slip and fall industrial injury on 7/10/09. Medical records provided for review note the claimant has continued complaints of pain and instability of his shoulder despite conservative treatment. The medical record of 6/25/13 indicates the employee is scheduled for surgery on the shoulder, and the request is for a post operative pain pump.

The employee has bilateral shoulder pain dating back to a slip and fall in 2009. The medical records submitted and reviewed notes the employee has continued complaints of pain and instability of the shoulder despite conservative treatment. The MTUS does not address the issue of a pain pump following shoulder surgery. The Official Disability Guidelines do not recommend a postoperative pain pump for the shoulder. The rationale for a pain pump versus oral pain medication is not adequately expressed in the medical records provided for review. **The request for a pain pump is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.