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**Notice of Independent Medical Review Determination**

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

**Date of Injury:**

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

**7/2/2013**

**7/6/2012**

7/18/2013

CM13-0001857

- 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 7/18/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 Physical Medicine and Rehabilitation, 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:

"This claimant is s/p arthroscopy of the left shoulder for anterior labral tear, rotator cuff repair, acromioplasty, synovectomy and bursectomy, performed on 1/16/2013. Post-operatively, a request has been submitted for a pillow sling. This request is consistent with ODG Guidelines and will be approved. There is also a request for a pain pump, postoperatively. However, no documentation of medical necessity or clinical efficacy of the proposed treatment, supported by high-quality scientific evidence-based guidelines, has been submitted to justify this request."

### 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 (received 7/18/2013)
- Utilization Review from [REDACTED] (dated 7/2/2013)
- Medical Records from [REDACTED] (dated 7/6/12-5/17/13)
- Medical Records from [REDACTED] (dated 9/18/12)
- Medical Records from [REDACTED], DC (dated 9/24/12-4/1/13)
- Medical Records from [REDACTED] (dated 6/4/13)
- Medical Records from [REDACTED] (dated 6/4/13)
- Medical Records from [REDACTED] (dated 6/7/13)
- Medical Records from [REDACTED], MD (dated 6/26/13)
- Medical Records from [REDACTED] (dated 7/1/13)

- Official Disability Guidelines (ODG) Shoulder Chapter 3 Post-Operative 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 (current version) Postoperative pain pump, and medical treatment guideline which not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not address the issues at dispute and found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work related injury on July 2, 2013 resulting in an injury to the left shoulder. The medical records provided for review indicated the employee is status post arthroscopy of the left shoulder for anterior labral tear, rotator cuff repair, acromioplasty, synovectomy and bursectomy. Treatment to date has included surgery and medications. The request is for a pain pump.

The Official Disability Guidelines do not support the use of pain pumps postoperatively after shoulder surgery citing no evidence that direct infusion is as effective as, or more effective than, conventional pre or postoperative pain control using oral, intramuscular or intravenous measures. The medical records provided for review do not document any issues which would make the request necessary outside of guideline criteria. 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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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.