

Case Number:	CM14-0107864		
Date Assigned:	09/16/2014	Date of Injury:	08/16/2011
Decision Date:	11/19/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50 year old female who was reportedly injured on 08/16/2011. The mechanism of injury is a cumulative injury for bilateral carpal tunnel from repetitively packing hamburger meat. Treatment to date includes short arm splint, omeprazole, naproxen, a toradol injection and physical therapy to bilateral wrists. Electromyogram/nerve conduction studies confirmed carpal tunnel. Chronis displaced tear of posterior labrum. Posterior shift of humeral head and condral thinning of the posterior glenoid. Moderate acromioclavicular arthrosis and bicep tendinosis. Exam dated 06/09/2014 noted range of motion 160/140/20. Cuff strength 4+/5. Catching, grinding and weakness in left shoulder noted with overhead activities. A request was made for post operative pain pump purchase and was not certified on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

post operative pain pump purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence <http://www.ncbi.nlm.nih.gov/pubmed/21663717>
<http://www.ncbi.nlm.nih.gov/pubmed/19038712>

Decision rationale: Several studies indicate that there is no significant benefit for the use of a pain pump for postoperative shoulder surgery, in particular for the approved subacromial decompression procedure. Additionally, this request does not indicate why postoperative oral pain medications would be inadequate. For these reasons, this request for a postoperative pain pump purchase is not medically necessary.

Post operative Interferential unit rental for 1-2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic Low Back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the use of an inferential current stimulator is only indicated when pain is ineffectively controlled due to diminished effectiveness of medications, issues with medication side effects, history of substance abuse, or significant pain from postoperative conditions that limits the ability to perform exercise such as physical therapy. There was no documentation regarding the injured employee having issues of ineffectiveness or side effects of medication. Additionally the injured employee has yet to receive shoulder surgery so it is unclear if there will be difficulty performing physical therapy. For these reasons, this request for postoperative inferential unit rental for 1 to 2 months is not medically necessary.