

Case Number:	CM14-0142500		
Date Assigned:	09/10/2014	Date of Injury:	10/07/2013
Decision Date:	11/19/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 68-year-old male who was injured on October 7, 2013. The patient continued to experience pain and stiffness in his right shoulder. Physical examination was notable for decreased range of motion of the right shoulder, positive Neer and Hawkins tests, decreased strength to the right shoulder abductors, and intact sensation to the bilateral upper extremities. Diagnoses included right shoulder impingement, subacromial bursitis, rotator cuff tendonitis, and right shoulder osteoarthritis. Treatment included surgery, medications, and physical therapy. The patient underwent right shoulder arthroscopy on March 13, 2014. Requests for authorization for nonprogrammable infusion pump, water circulating heat pad with pump, and pad for water circulating heat were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infusion Pump (non-programmable/Implantable): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, shoulder procedures

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

Decision rationale: Three recent moderate quality random control trials did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed, randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. A surgeon will insert a temporary, easily removable catheter into the shoulder joint that is connected to an automatic pump filled with anesthetic solution. This "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. 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. In this case the pain pump was placed during the surgery. Available evidence does not support its use. The request is not medically necessary.

Water circulating heat pad with pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, shoulder procedures

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Thermotherapy Other Medical Treatment Guideline or Medical Evidence: www.innovate-inc.com/.../Aqua%20Relief%20Training%20Guide.pdf

Decision rationale: A water circulating heat pad with pump provides localized heat therapy. Per the manufacturer adjustable temperature from 30F to 120F (107F fixed for sensitive skin on low heat setting) provides controlled heat (water) within safe limits that relaxes muscles, increases blood flow and reduces edema as well as pain. Per ODG thermotherapy is under study. For several physical therapy interventions and indications (eg, thermotherapy using heat, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy. There is no medical evidence that heating pad is effective. The request is not medically necessary.

Pad for water circulating heat, unit for replacement only: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, shoulder procedures

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Thermotherapy Other Medical Treatment Guideline or Medical Evidence: www.innovate-inc.com/.../Aqua%20Relief%20Training%20Guide.pdf

Decision rationale: A water circulating heat pad with pump provides localized heat therapy. Per the manufacturer adjustable temperature from 30F to 120F (107F fixed for sensitive skin on low heat setting) provides controlled heat (water) within safe limits that relaxes muscles, increases blood flow and reduces edema as well as pain. Per ODG thermotherapy is under study. For several physical therapy interventions and indications (eg, thermotherapy using heat, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy. There is no medical evidence that heating pad is effective. The request is not medically necessary.