

Case Number:	CM13-0031204		
Date Assigned:	03/03/2014	Date of Injury:	02/07/2012
Decision Date:	05/07/2014	UR Denial Date:	09/20/2012
Priority:	Standard	Application Received:	10/02/2013

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 patient is a 29-year-old injured in a work-related accident on February 7, 2012. The medical records available for review document right shoulder and left knee injuries, carrying the respective diagnoses of rotator cuff tearing and meniscal tearing. According to the last clinical assessment, dual surgical procedures -- a left knee arthroscopy and right shoulder rotator cuff repair -- were recommended by the treating physician and approved by the carrier. A surgical date is not specified in the records. This review addresses three post-operative requests-- medication in the form of Prilosec and six-week use of cryotherapy compressive devices each for the right shoulder and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD UNIT AIRCAST CRYO/CUFF FOR COLD COMPRESSION FOR SIX (6) WEEKS FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)), 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address the requested treatment. According to Official Disability Guidelines criteria, cryotherapy device for six weeks of use would not be indicated. ODG Guidelines recommend the use of cryotherapy devices for up to seven days postoperatively following knee procedures. The specific request for six weeks of use exceeds the recommended duration of treatment. The request for a cold unit aircast cryo/cuff for cold compression for six weeks for the left knee is not medically necessary or appropriate.

COLD UNIT AIRCAST CRYO/CUFF FOR COLD COMPRESSION FOR SIX (6) WEEKS FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th Edition, 2013 Updates: Shoulder Procedure - Continuous-flow cryotherapy.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address the requested treatment. According to Official Disability Guidelines, cryotherapy device for six weeks of use would not be indicated. ODG Guidelines recommend inpatient or home-based use of cryotherapy devices for up to seven days postoperatively following shoulder procedures. The specific request for six weeks of use exceeds the recommended duration of treatment. The request for a cold unit aircast cryo/cuff for cold compression for six weeks for the right shoulder is not medically necessary or appropriate.

POST OPERATIVE PRILOSEC 20MG, #120 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines would not recommend the continued use of Prilosec in the postoperative setting. Chronic Pain Guidelines allow for the use of protective proton pump inhibitors when gastrointestinal risk factors have been established. This is a 29-year-old individual with no documentation within the medical records provided for review of underlying gastrointestinal history, diagnosis or guideline-associated risk factors to support the use of Prilosec. The request for post-operative Prilosec 20 mg, 120 count, is not medically necessary or appropriate.