

<b>Case Number:</b>	CM13-0050536		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a patient with a date of injury of 4/20/00. A utilization review determination dated 11/4/13 recommends certification of left shoulder arthroscopy, AC joint resection, and possible rotator cuff repair, post-op PT, Diclofenac, and Tramadol ER. Acupuncture was partially certified from 18 visits to 4 visits. Non-certification was recommended for Vascutherm 4 with DVT cold compression and Omeprazole. A 10/15/13 progress report notes that the patient is awaiting left shoulder surgery. She had improvement with the injection, but her symptoms have recurred. Pain is 5/10. On exam, there is positive impingement testing with tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**acupuncture left shoulder, left knee, and cervical spine QTY: 18.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture left shoulder, left knee, and cervical spine QTY: 18.00, it is noted that this request was modified to 4 sessions by utilization review. California MTUS supports acupuncture in the management of chronic pain, but recommends 3-6 sessions as a trial, with additional sessions supported only when there is documentation of

functional improvement from the initial sessions. Within the documentation available for review, there is no clear rationale for 18 initial acupuncture sessions rather than the 3-6 sessions supported by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested acupuncture left shoulder, left knee, and cervical spine QTY: 18.00 is not medically necessary.

**Vascutherm 4 with DVT compression, 35 day rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Cold compression therapy, Continuous-flow cryotherapy, and Venous thrombosis.

**Decision rationale:** Regarding the request for Vascutherm 4 with DVT cold compression, 35 day rental, California MTUS does not address the issue. ODG does support cold therapy units for up to 7 days postoperatively, but they recommend against cold compression therapy. With regard to DVT prophylaxis, they note that the risk is much lower after shoulder surgery than after knee surgery and that high-risk patients may require prophylactic measures such as consideration for anticoagulation therapy. Within the documentation available for review, there is no clear rationale or support for cold compression therapy or a DVT compression device for a patient that has not been identified as high-risk for venous thrombosis or the use of this device over pharmacological prophylaxis. Furthermore, there is no rationale for the use of cold therapy beyond the 7 days recommended by ODG, and unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Vascutherm 4 with DVT cold compression, 35 day rental is not medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Regarding the request for Omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole is not medically necessary.