

<b>Case Number:</b>	CM14-0104175		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational Medicine 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 50-year-old female who has submitted a claim for left shoulder partial thickness tear supraspinatus tendon, severe tendinosis left supraspinatus tendon, and left shoulder degenerative joint disease associated with an industrial injury date of 10/21/2011. Medical records from 10/01/2012 to 06/23/2014 were reviewed and showed that patient complained of left shoulder pain graded 7/10. Physical examination revealed tenderness over the inferior aspect of left AC joint, anterior and lateral recess of the acromion, and decreased ROM. MRI of the left shoulder dated 02/28/2012 revealed severe tendinosis, intratendinous degenerative changes, and at least a partial thickness tear of the supraspinatus tendon consistent with a partial rotator cuff tear, hypertrophic acromioclavicular joint changes, and degenerative glenohumeral joint disease. Of note, the patient was authorized to undergo left shoulder arthroscopic surgery (06/23/2014). Treatment to date has included physical therapy, Tramadol, Gabapentin, Relafen, and Soma. Of note, physical therapy dated 02/12/2014 noted that the patient was making very good progress (03/04/2014). Utilization review dated 06/24/2014 denied the request for postoperative motorized compression pump with stockings for left shoulder times one month because compression device and stockings were not indicated following shoulder arthroscopic surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Keflex 500 mg. #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prokuski L. Prophylactic Antibiotics in Orthopedic Surgery. Journal of the American Academy of Orthopedic Surgery. 2008 May; 16(5):283-293

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Keflex

**Decision rationale:** As per ODG, Keflex is an antibiotic recommended as first-line treatment for cellulitis and other conditions. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg is recommended, as well for penicillin allergic that can tolerate cephalosporins. In this case, the patient was authorized to undergo left shoulder arthroscopic surgery (06/23/2014). However, it was unclear if the surgical procedure was already done based on the available medical documentation. The medical necessity cannot be established due to insufficient information. Therefore, the request for Postoperative Keflex 500 mg. #20 is not medically necessary.

**Postoperative Motorized Compression Pump with Stockings for Left Shoulder times one month.:** 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): Treatment Index, 12th Edition (web) 2014, Compression Garments; Continuous Flow Cryotherapy; Home Exercise Kit

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

**Decision rationale:** The Official Disability Guidelines (ODG) state that "compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy." In this case, the patient was authorized to undergo left shoulder arthroscopic surgery (06/23/2014). However, it was unclear if the surgical procedure was already done based on the available medical records. Moreover, compression devices are not recommended following shoulder arthroscopy. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Postoperative Motorized Compression Pump with Stockings for Left Shoulder times one month are not medically necessary.