

<b>Case Number:</b>	CM14-0114321		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Pennsylvania. 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 claimant is a 36 year old female who sustained an acute injury to the right shoulder in work-related accident on June 2, 2014. The medical records provided for review included the operative report dated August 21, 2014, identifying a preoperative diagnosis of partial rotator cuff tear and impingement syndrome and the surgical procedure of right shoulder diagnostic arthroscopy, subacromial decompression, lysis of adhesions, debridement and synovectomy. Postoperative requests in relationship to the claimant shoulder surgery included the use of a sling, a 14 day or two week rental of a cryotherapy device, preoperative laboratory testing and postoperative use of medications to include Norco, amoxicillin and Zofran. This review is for the 14 day use of the cryotherapy device and the medication omeprazole. The medical records did not contain any information regarding medication use or past medical history.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 weeks of cold therapy, unit, applied to the post-operative right shoulder.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cold therapy unit; continuous flow cryotherapy post-operatively.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment in Workers Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy

**Decision rationale:** California ACOEM Guidelines do not recommend the request for postoperative use of a cryotherapy device for fourteen days. The ACOEM Guidelines recommend the application of cold packs to control pain and swelling. The Official Disability Guidelines recommend the use of cold therapy units in the postoperative setting for up to seven days including home use. The request in this case is for 14 days of the cryotherapy unit and exceeds the standard guideline treatment. There is no documentation to explain why this claimant would be an exception to the standard treatment program. Therefore, the request for 14 days use of a cold therapy unit is not medically necessary.

**Omeprazole.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Anti-emetics..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec: GI symptoms & cardiovascular risk, Page(s): 68-69..

**Decision rationale:** California MTUS Chronic Pain Guidelines do not support the continued use of omeprazole. The Chronic Pain Guidelines for use of protective gastrointestinal agents recommend establishment and determination of risk factors specific for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records for the claimant failed to demonstrate any evidence of risk factor as indicated by the Chronic Pain Guidelines to support continued use of this agent. There is also currently no indication of NSAID use for the claimant's care. Clinical request for omeprazole cannot be supported as medically necessary at this time.