

<b>Case Number:</b>	CM14-0127799		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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 claimant is a 38-year-old male who sustained a vocational injury on October 26, 2011. The claimant has been authorized to undergo right shoulder arthroscopy with acromioplasty, debridement and Mumford procedure of the clavicle. This review is for purchase of a postoperative cold therapy unit for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative cold therapy unit right shoulder purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines 11 Edition (web 2014) Treatment Section; Continuous Flow Cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG); Shoulder chapter.

**Decision rationale:** Based on the California ACOEM Guidelines and the Official Disability Guidelines, the request for purchase of a cold therapy unit for the right shoulder for postoperative use is not recommended as medically necessary. The ACOEM guidelines recommend the use of cold applications at home for treatment of discomfort and swelling. The Official Disability

Guidelines support the use of continuous flow cryotherapy as an option following surgical intervention for up to seven days including home use. This request is for purchase of the cold therapy unit which exceeds the recommended guidelines for use for only seven days. The documentation does not explain why the claimant would be an exception to the standard treatment guidelines. Subsequently, the request to purchase of cold therapy unit cannot be considered medically necessary.

**Zantac 150mg quantity 60, no refills:** Upheld

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

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

**Decision rationale:** In regards to the request for Zantac 150 mg, dispense #60 with no refills, California MTUS Chronic Pain Medical Treatment Guidelines have been referenced. According to the Chronic Pain Guidelines, Zantac is considered a histamine-II blocker and is used in the setting of gastrointestinal discomfort and intolerance and to prevent and treat ulcers in the stomach and intestines. The Chronic Pain Medical Treatment Guidelines support gastro-protective agents such as Zantac if there is concern or history of gastrointestinal issues or for claimant's who are 65 years or older, have a history of peptic ulcer, GI bleed or perforation, or have concurrent use of aspirin, corticosteroids and/or anticoagulants or high-dose/multiple NSAIDs. The medical records provided for review fail to establish if the claimant has any risk factors as previously mentioned by the Chronic Pain Guidelines and there is no documentation of previous gastrointestinal events. Subsequently the request for the gastroprotective agent specifically that of Zantac, is not medically necessary.

**Pre-operative medical clearance:** 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 Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, page 127: 503.

**Decision rationale:** The ACOEM Guidelines note that consultations are typically provided to aid in the diagnosis, prognosis and therapeutic management to determine the medical stability and permanent residual loss and/or the examinee's fitness to return to work. The consultant is usually asked to act in an advisory capacity and they may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The medical records provided for review do not contain any documentation that the claimant has any comorbidities which would inherently increase his risk to the anesthesia provided at the time of surgical intervention. The preoperative evaluation with history and physical performed by the attending surgeon or his staff along with the medical evaluation and preoperative evaluation of an anesthesiologist prior to

providing an anesthetic would be sufficient to identify risk factors prior to the surgical procedure and the additional request for preoperative medical clearance is not supported as medically necessary based on California ACOEM Guidelines.