

<b>Case Number:</b>	CM14-0167948		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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:

43 year old female claimant with an industrial injury dated 01/23/12. MRI of the left shoulder dated 06/27/14 reveals mild signal abnormality on the supraspinatus tendon representing mild tendinopathy, and minimal fluid within the subcoracoid bursa in which may be mild bursitis. Exam note 08/13/14 states the patient returns with shoulder pain. Upon physical exam the patient demonstrated a range of motion of 110' forward flexion, 90' adduction, internal rotation to L2 and an external rotation of 50'. Exam cross-arm test was noted as positive. There was evidence of tenderness surrounding the subacromial space and acromioclavicular joint. The patient completed a positive impingement test. Conservative treatments have included 2 injections to the shoulder, physical therapy, and acupuncture. Treatment includes a left shoulder arthroscopy with debridement, AC joint excision, subacromial decompression, and repair of internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy unit with pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy

**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, Continuous Flow Cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore, the request is not medically necessary.

**Vicoprofen 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids such as Vicoprofen should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the exam note of 8/13/14 there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity with use of Vicoprofen. Therefore, the request is not medically necessary.

**Phenergan (Promethazine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of promethazine (Phenergan). According to the ODG Chronic Pain Chapter, Anti-emetics is used to counteract opioid induced nausea for a period of less than 4 weeks. In this case there is insufficient evidence from the records of 8/13/14 of opioid induced nausea to warrant the use of Phenergan. Therefore, the request is not medically necessary.