

<b>Case Number:</b>	CM14-0127540		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/17/2014
<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 Preventive 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:

According to the records made available for review, this is a 38-year-old male with a 11/2/12 date of injury, and right shoulder rotator cuff repair on 8/8/13. At the time (7/10/14) of request for authorization for Axid 50mg x30 and MR arthrogram R shoulder, there is documentation of subjective (right shoulder pain and stiffness with popping and clicking) and objective (tenderness over the anterolateral and posterosuperior aspect of the right shoulder, decreased range of motion, positive impingement sign, and grade 4/5 strength in right upper extremity) findings, current diagnoses (adhesive capsulitis and postoperative ankylosis), and treatment to date (medications (including Percocet and ongoing treatment with Ibuprofen) and cortisone injections). Regarding Axid, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID). Regarding MR arthrogram, there is no documentation of suspected subtle tears that are full thickness or suspected labral tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Axid 50mg x30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nizatidine; an H2 receptor agonist..

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID, as criteria necessary to support the medical necessity of Axid. Within the medical information available for review, there is documentation of diagnoses of adhesive capsulitis and postoperative ankylosis. However, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Axid 50mg x30 is not medically necessary.

**MR Arthrogram Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, MR arthrogram

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Arthrography

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more; and that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. ODG identifies that subtle tears that are full thickness are best imaged by arthrography and that MR arthrography is usually necessary to diagnose labral tears. Within the medical information available for review, there is documentation of diagnoses of adhesive capsulitis and postoperative ankylosis. However, there is no documentation of suspected subtle tears that are full thickness or suspected labral tear. Therefore, based on guidelines and a review of the evidence, the request for MR arthrogram RI shoulder is not medically necessary.