

<b>Case Number:</b>	CM15-0068844		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 41 year old male, who sustained an industrial injury on 12/13/2011. He has reported injury to the right shoulder, left shoulder, and neck. The diagnoses have included left shoulder sprain; left shoulder pain with SLAP (superior labrum anterior posterior) lesion; right rotator cuff syndrome, status post arthroscopic surgery. Treatment to date has included medications, diagnostics, cortisone injection, physical therapy, and surgical intervention. Medications have included Advil. A report from the treating physician, dated 01/20/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of left shoulder pain. Objective findings have included tenderness to palpation of the left biceps tendon; decreased range of motion; and positive O'Brien's sign. The treatment plan has included physical therapy. Request is being made for Cyro Unit (14-day rental); Post-operative Phenergan 25 mg #30; and Post-operative Keflex 500 mg #28.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyro Unit (14-day rental):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 212. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, 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) Continuous flow-cryotherapy.

**Decision rationale:** According to ODG guidelines cited, "cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic usage." Consequently while this modality is recommended, based on the guidelines an initial trial of 7 days is recommended and not the full 14 day requested duration. Therefore the request is not medically necessary.

**Post-Operative Keflex 500mg #28:** 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 US Department of Health, AHRQ--Agency for Healthcare Research and Quality, "Clinical practice guidelines for antimicrobial prophylaxis in surgery".

**Decision rationale:** Prophylactic post-operative anti-bacterial treatment following the requested shoulder surgery is not recommended by national guidelines which state, "Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials". The planned shoulder surgery is a clean procedure and pre-emptive prophylactic treatment with keflex is not recommended. Therefore the request is not medically necessary.

**Post-Operative Phenergan 25mg #30:** Overturned

**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 Merck Manual. Post surgical treatment.

**Decision rationale:** This is an appropriate, generic and cost effective treatment for post-operative nausea. There are no listed contraindications in the clinical record. The peer reviewer states that "reasons were not documented for medical need", however post-operative anti-nausea medication is a standard and appropriate post surgical treatment plan. Therefore the request is medically necessary.

