

<b>Case Number:</b>	CM13-0012375		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Occupational 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:

The injured worker is a female with date of injury 8/2/2012. Per permanent and stationanry evaluation by primary treating physician, the injured worker injured her left hip when a student pushed her body in every direction for 25 minutes, when she fet an injury to her left hip resulting in an left hip labral tear. She subsequently underwent left hip arthroscopy on 6/27/2013 for femoroacetabular impingement and had decompression surgery of her CAM lesion of her head/neck junction as well as a pincer debridement of the anterior labrum and debridement of the iliopsoas tendon and bursa and release of adhesion on the anterior aspect of the capsule of the hip. She still suffers from left hip discomfort. On exam of the left hip there is tenderness in the groin area, though this has decreased from her preoperative state. She has flexion to 120 degrees, internal rotation 20 degrees, external rotation 60 degrees wth some discomfort with range of motion. He strenght is slightly decreased in flexion, approximately 4+/5 on the left compared to 5/5 on the right. Diagnosis is left hip labral tear with femoracetabular impingement status post left hip arthroscopy with debridement surgery and decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VASOPNEUMATIC COMPRESSION AND COLD THERAPY SYSTEM ( [REDACTED] ) INCLUDING CONTROL UNIT AND WRAP FOR 14 DAYS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter [REDACTED] Accelerated Recovery System, Continuous-Flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Version 3, Hip and Groin Disorders Chapter, Heat and Cold Therapies.

**Decision rationale:** The California MTUS does not address the use of combined cold and compressive therapies. The claims administrator utilized ODG Knee Chapter which addressed the [REDACTED] system and did not recommend its use. The cited guidelines do address cryotherapy for hip disorders, recommending the use of cryotherapy for the first four post-operative days. This recommendation includes cold compression therapy. The request for the [REDACTED] therapy session is in excess of the recommended 4 days. The request for vasopneumatic compression and cold therapy system ([REDACTED]) including control unit and wrap for 14 days is determined to not be medically necessary.