MAXIMUS Federal Services

Case Number:	CM13-0031670		
Date Assigned:	04/25/2014	Date of Injury:	08/15/2011
Decision Date:	06/11/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 patient is a 53-year-old female with industrial injury 8/15/11. The exam note 9/10/13 demonstrates complaint of pain in the left hip, thigh and groin. The exam demonstrates left hip tenderness over the greater trochanter, decreased and painful internal rotation. There is normal sensory and motor on examination. The diagnosis is labral tear. Left hip arthrogram on 7/5/13 demonstrates non-displaced anterior/inferior labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATION PHYSICAL THERAPY 3 TIMES 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested 18 visits of physical therapy are outside the 14 visits recommended by the CA MTUS/Post Surgical Treatment Guidelines. Therefore, the determination is for non-certification.

TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-114.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding transcutaneous electrical nerve stimulation (TENS) for chronic pain, it is indicated for neuropathic pain which is not present in the records submitted. It is not recommended generally for postoperative use; therefore, the determination is for non-certification.

VASCUTHERM UNIT FOR A PERIOD OF TWO WEEKS: 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 and Leg, Continous 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), Knee and Leg, Continous flow cryotherapy.

Decision rationale: The CA MTUS/ACOEM is silent on this issue of vascutherm. According to Official Disability Guidelines (ODG) criteria, continuous cryotherapy is recommended for up to 7 days postoperatively. As the request is for a vascutherm for 14 days which is outside the ODG criteria, thus, the request is non-certified.