

Case Number:	CM13-0039764		
Date Assigned:	12/20/2013	Date of Injury:	06/30/2011
Decision Date:	02/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Mississippi. 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 physician 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:

This patient states he hurt his hip and low back when he pulled some cable while in a crouched position. He is status post left hip arthroscopy for labral debridement, chondroplasty and osteoplasty on 10/2/13. He has multilevel degenerative disc changes with bulges; he has back pain radiating to the left testicle.

IMR ISSUES, DECISIONS AND RATIONALES

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

intermittent cold therapy limb compression device, pad, del and set-up x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CA MTUS/ACOEM-Prevention of Venous Thromboembolic Disease - Anticoagulant Medication and Official Disability Guidelines, Shoulder chapter, Venous Thrombosis.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Knee, cryotherapy

Decision rationale: There is no explanation of how this will improve surgical outcome, nor how it is better than traditional cold packs. With review of the ODG guidelines for the hip, there was reference to cryotherapy in the knee chapter, which indicated that it was not helpful for knee

arthritis. There is no reference to continuous flow cryotherapy for the hip, and no reference to intermittent cold therapy limb device. Here is no mention of this therapy in the postsurgical guideline portion of the MTUS. Denial is recommended.

CPM unit x 28 days for left hip: 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 Passive Motion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Passive Motion (CPM).

Decision rationale: There is no indication for CPM as it applies to this patient. There was no documentation of any circumstances allowing for CPM at home, and 28 days is not indicated even when home use criteria have been met. Denial is recommended