

Case Number:	CM13-0051460		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2012
Decision Date:	05/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Pediatric Rehabilitation Medicine. 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 46-year-old female who reported injury on 10/06/2012. The mechanism of injury was a cumulative trauma. The office note of 10/01/2013 revealed the request for a hip arthroscopy with decompression of FAI and labral repair versus debridement. The request was made for a game ready system and postoperative physical therapy. The injured worker's diagnosis was osteoarthritis unspecified whether generalized or localized. The clinical documentation indicated the arthroscopy was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY (12 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 23.

Decision rationale: Postsurgical Treatment Guidelines indicate that the treatment for synovectomy is 14 visits. The initial course of therapy is one half the numbers of visits specified in the general course of therapy, which would equal 7. The request as submitted was for 12 postoperative physical therapy sessions which would exceed guideline recommendations. Given

the above, the request for postoperative physical therapy 12 sessions is not medically necessary and appropriate.

THE 7 DAY RENTAL OF A GAME READY DEVICE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) .

Decision rationale: Official Disability Guidelines indicate that the game ready system combines continuous flow cryotherapy with the use of vasoconstriction. There are no high quality studies on the game ready device or any other combined system. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for the 7 day rental of a game ready device is not medically necessary and appropriate.