

Case Number:	CM13-0054182		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2012
Decision Date:	04/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of April 25, 2012. A utilization review determination dated November 7, 2013 recommends certification for a hip brace, cold therapy unit for one week, and CPM rental for one week. Certification was not recommended for CPM 2 week rental and purchase of a cold therapy unit. A progress report dated January 9, 2014 includes subjective complaints of hip and low back pain. The note indicates that the patient has tried medication, light duty, and physical therapy with no improvement in symptoms. An MRI showed a right hip labral tear. Orthopedic surgical intervention was recently approved. Physical examination identifies and antalgic gate with a cane with positive FABER test. Diagnosis includes right hip labral tear, right hip strain, leg strain, lumbosacral strain, and iliolumbar strain. The treatment plan recommends continuing medication. A note dated October 28, 2013 recommends proceeding with right hip arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS PASSIVE MOTION UNIT RENTAL FOR 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), Hip & Pelvis, Continuous passive motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Continuous passive motion (CPM)

Decision rationale: Within the documentation available for review, there is no indication that the patient is at risk of a stiff hip or is immobile or unable to bear weight. Additionally, there is no indication that this is a revision total hip arthroplasty. In the absence of such documentation, the currently requested continuous passive motion unit rental for 2 weeks is not medically necessary.

PURCHASE OF A COLD THERAPY UNIT: 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), Continuous-flow Cryotherapy, Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy.

Decision rationale: Within the documentation available for review, the patient was certified for hip surgery and the cold therapy unit was appropriately modified in utilization review for up to 7 days of use. The purchase of a continuous-flow cryotherapy unit is not supported by ODG and a modification to this request cannot be made. In light of the above issues, the currently requested purchase of a Cold Therapy Unit is not medically necessary.