

Case Number:	CM13-0071780		
Date Assigned:	08/15/2014	Date of Injury:	04/02/2009
Decision Date:	09/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/30/2013

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 claimant is a 60 year old male who sustained a vocational injury on 04/22/09. A previous Utilization Review determination have certified left hip arthroscopy with labral repair and femoral neck and acetabular arthroplasty with an assistant surgeon, preop history and physical evaluation and a hip position brace for two weeks. The current request is for an ice machine rental for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice machine rental for 2 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-Treatment in Worker's Compensation, Knee Procedure Summary (last updated 06/07/2013), Continuous-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); Hip and Pelvis Chapter refers to the Knee & Leg chapter: Continuous-flow cryotherapy.

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria pertinent to this request. The Official Disability Guidelines recommend that continuous flow cryotherapy

can be considered medically reasonable following surgical intervention for up to seven days including home use in the post operative setting. The current request for machine rental for two weeks exceeds the time defined by Official Disability Guidelines as medically reasonable and subsequently the request for a two week rental of an ice machine cannot be considered medically necessary.