

Case Number:	CM14-0103795		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2010
Decision Date:	10/20/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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 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:

Patient is a 63-year-old female who has submitted a claim for polyarthropathy or polyarthritis, associated with an industrial injury date of 05/04/2010. Medical records from December 2013 to June 2014 were reviewed. Patient complained of pain in the left groin and buttocks. It was aggravated with weight bearing, getting up the chair, and flexing the hip. The patient fell off the steps fracturing her pelvic bones, including superior and inferior pubic rami on the left, and fracture of the coccyx. She underwent arthroscopic hip debridement, acetabuloplasty, and repair of the labrum in January 9, 2013. She attended physical therapy after the surgery, however, she stated that there was no improvement and pain was still persistent. Cortisone injection was given; however, it gave only temporary relief. Physical examination of the left hip revealed: range of motion was 0-100 degrees up, 45 degrees external rotation, and 15 degrees internal rotation. Stichfield test was positive for left hip pathology. Impingement sign was also positive. CT scan of the pelvis dated February 2014, revealed findings consistent with an old fracture of the left pubic ring with very minimal deformity. MRI arthrogram, dated April 2014, revealed vertical, full thickness tear of the anterior labrum. Treatment to date has included pain medications and physical therapy. Utilization review from June 06, 2014 denied the request for Polar Unit. The clinical findings did not appear to support the medical necessity of the treatment requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: CA MTUS does not specifically address continuous-flow cryotherapy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the patient underwent arthroscopic hip debridement, acetabuloplasty, and repair of the labrum in January 9, 2013, which is past the postoperative period of 6 months. Moreover, the rationale for the usage of the polar unit was not provided. Therefore, the request for Polar Unit is not medically necessary.