

Case Number:	CM14-0103803		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2010
Decision Date:	10/21/2014	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 Family Medicine, 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 63-year-old female who reported an industrial injury on 5/4/2010, over four (4) years ago, attributed to the performance of her usual and customary job duties when she slipped on a step while exiting a shuttle bus. The patient was diagnosed with a left pubic remake fracture and labral tear to the left hip. The patient subsequently underwent left hip arthroscopic hip debridement acetabuloplasty and repair of labrum on 1/9/2013. The patient received postoperative rehabilitation physical therapy. The patient is diagnosed with recurrent left hip labral tear and femoral acetabular impingement. The patient complained of postoperative pain to the left groin and buttocks. A left hip MRI dated 2/4/2014, documented evidence of a vertical full thickness tear of the anterior labrum. The diagnoses included left hip labral tear, femoral acetabular impingement status post arthroscopic acetabular plasty and labral repair with push lock anchors. A mini open direct into your left hip exploration, debridement or repair of the labrum and possible additional acetabuloplasty was recommended. The surgical procedure was not authorized by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Machine 14 day rental: 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 Comp, 18th Edition, 2013; Hip and Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter-continuous passive motion

Decision rationale: The use of the CPM is not considered medically necessary for the rehabilitation of the hip post hip arthroscopy. The treating physician has not provided any objective evidence to support the medical necessity of the postoperative 14 rental of the CPM machine for the rehabilitation of the hip subsequent to surgical procedure. The ODG recommends CPM devices only for total knee arthroplasty; anterior cruciate ligament reconstruction; and open reduction and internal fixation of tibial plateau and distal femur fractures involving the knee joint. There is no demonstrated medical necessity for the requested CPM machine postoperatively. The recommended surgical intervention to the left hip was not authorized by utilization review; therefore, the requested DME of the CPM unit for 14-day rental is not medically necessary.