

Case Number:	CM14-0018490		
Date Assigned:	04/18/2014	Date of Injury:	08/03/2011
Decision Date:	06/30/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/13/2014

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:

This 50 year-old patient sustained an injury on 8/3/11 when she sat on a sample chair that gave out causing a fall while employed by [REDACTED]. Her diagnosis is right hip labial tear status post left hip arthroscopy and bursectomy as of September 2013. Conservative care has included activity modification, ice/heat, medications, light duty, and physical therapy. The patient feels she has significantly improved post surgery; however, reports document mechanical symptoms with giving way and intermittent catching related to activity and lying on the affected site. Exam of the right hip showed a moderately antalgic gait pattern and exquisite tenderness. An MRI taken on 1/14/14 noted localized partial detachment of right lateral labrum, and mild soft tissue edema of the right greater trochanter bursa. The treatment plan included right hip arthroscopy, labral debridement versus repair, and bursectomy with cyrotherapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ONE COLD THERAPY UNIT TO RIGHT HIP: 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, page 292.

Decision rationale: The MTUS/ACOEM guidelines do not specifically address this; however, the Official Disability Guidelines state that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Furthermore, postoperative use is generally 7 days in duration, including home use. Submitted reports have not demonstrated the medical necessity of deviating from guideline criteria. As such, the request is not medically necessary.