

Case Number:	CM14-0112378		
Date Assigned:	09/16/2014	Date of Injury:	01/23/2013
Decision Date:	11/05/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 41-year old male who sustained an industrial injury on 01/23/13. The mechanism of injury was constant repetitive motion at work. He was initially treated with NSAIDs, Tramadol and Norco. A left hip MR arthrogram done on 01/02/14 revealed anterior superior labral tear. He was recommended to have physical therapy and steroid injections which he never carried out. He was working modified duty. The progress note from 07/03/14 was reviewed. His subjective complaints included left hip pain with activities like walking, squatting or sitting. He also had locking with external rotation of left hip. Pertinent objective examination included 4/5 motor strength on left side flexors, extensors, abductors and adductors, positive piriformis test and positive Patrick's test on left side. The diagnoses included left hip labral tear, left hip pain, left hip synovitis and left leg radiculopathy. The request was for left hip arthroscopic labral repair versus resection possible synovectomy and chondroplasty, post-operative physical therapy, crutches for the left hip and cold therapy unit for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for the left hip, rental for 21 days.: 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), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, 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, Knee and leg Continuous flow cryotherapy

Decision rationale: The employee was a 41-year old male who sustained an industrial injury on 01/23/13. The mechanism of injury was constant repetitive motion at work. He was initially treated with NSAIDs, Tramadol and Norco. A left hip MR arthrogram done on 01/02/14 revealed anterior superior labral tear. He was recommended to have physical therapy and steroid injections which he never carried out. He was working modified duty. The progress note from 07/03/14 was reviewed. His subjective complaints included left hip pain with activities like walking, squatting or sitting. He also had locking with external rotation of left hip. Pertinent objective examination included 4/5 motor strength on left side flexors, extensors, abductors and adductors, positive piriformis test and positive Patrick's test on left side. The diagnoses included left hip labral tear, left hip pain, left hip synovitis and left leg radiculopathy. The request was for left hip arthroscopic labral repair versus resection possible synovectomy and chondroplasty, post-operative physical therapy, crutches for the left hip and cold therapy unit for the left hip. According to Official Disability Guidelines, continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment, upto 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic usage. From the information provided, there was no certification for the hip surgery or any evidence that the surgery was done in which case the request for cold therapy unit only for 7 days would appear medically necessary. The request for Cold Therapy Unit for 21 days is not medically necessary and appropriate.

Crutches for the left 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 (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

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, walking aids

Decision rationale: The employee was a 41-year old male who sustained an industrial injury on 01/23/13. The mechanism of injury was constant repetitive motion at work. He was initially treated with NSAIDs, Tramadol and Norco. A left hip MR arthrogram done on 01/02/14 revealed anterior superior labral tear. He was recommended to have physical therapy and steroid injections which he never carried out. He was working modified duty. The progress note from 07/03/14 was reviewed. His subjective complaints included left hip pain with activities like walking, squatting or sitting. He also had locking with external rotation of left hip. Pertinent objective examination included 4/5 motor strength on left side flexors, extensors, abductors and adductors, positive piriformis test and positive Patrick's test on left side. The diagnoses included left hip labral tear, left hip pain, left hip synovitis and left leg radiculopathy. The request was for left hip arthroscopic labral repair versus resection possible synovectomy and chondroplasty,

post-operative physical therapy, crutches for the left hip and cold therapy unit for the left hip. According to Official Disability Guidelines, crutches and walking aids are recommended for pain and inability to ambulate. From the information provided, there was no certification for the hip surgery or any evidence that the surgery was done in which case the request for crutches would appear medically necessary. In addition, the employee had no evidence of significant neurological deficits or examination findings that would necessitate non weight bearing status of left lower extremity. The request for Crutches is not medically necessary and appropriate.