

Case Number:	CM14-0121514		
Date Assigned:	08/08/2014	Date of Injury:	06/07/2011
Decision Date:	10/01/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

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 Vascular Surgeon by the American Board of Vascular 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 patient is a 56 year old female who was injured on 06/07/2011. The mechanism of injury is unknown. Prior treatment history has included injections which offered her temporary relief; and physical therapy which seemed to aggravate it. The patient underwent left hip intra-articular steroid injection and left hip arthrogram under live fluoroscopy on 12/27/2013. Ortho note dated 05/19/2014 documented the patient to have complaints of sharp catching pain doing deep bending and twisting. On exam, range of motion of the left hip is from 0 to 110 degrees; internal rotation is 15 degrees and external rotation is 45 degrees. She has a positive impingement sign with flexion, adduction, and internal rotation. She has a mild Faber test. She is diagnosed with left hip femoral acetabular impingement syndrome with pincer lesion; symptomatic anterolateral labral tear; and left knee medial compartment uniarthroplasty by [REDACTED]. The treatment and plan included vascular therm for deep vein thrombosis prophylaxis and hot and cold compression and wrap code for 30 days postoperatively as she has been recommended for a hip arthroscopy with labral debridement versus repair and osteoplasty. Prior utilization review dated 07/15/2014 states the request for Vascular Therm for deep vein thrombosis prophylaxis and hot and cold compression and wrap code for 30 days; Continuous passive motion device for 30 days is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascu Therm for deep vein thrombosis prophylaxis and hot and cold compression and wrap code for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and pelvis chapter; ODG Knee chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Venous Thrombosis Other Medical Treatment Guideline or Medical Evidence:
<http://sosmedical.net/products/featured-products/vascutherm/>

Decision rationale: The use of pneumatic compression is appropriate for DVT prophylaxis after hip joint surgery; the additional of hot/cold therapy would be for pain relief. The planned hip procedure is elective and it is not clear that this patient will require the additional treatments of both Vasctherm and CPM in the postoperative period for home therapy after discharge. The application of CPM would be appropriate and accomplished much of what Vasctherm would provide. The extent of the procedure will dictate the need for additional Vasctherm treatment which can be requested in the post-operative period, if deemed necessary. Based on the clinical documentation stated above, the request is NOT medically necessary.

Continuous passive motion device for 30 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and pelvis chapter; ODG Knee chapter, Criteria for use of continuous passive motion devices

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Continuous Passive Motion. Other Medical Treatment Guideline or Medical Evidence:
<http://www.google.com/patents/US4825852>

Decision rationale: The ODG guidelines for patient care after hip surgery indicates the benefit of continuous passive motion as measure of pain relief, healing, and DVT prophylaxis. The medical records document a medically necessary procedure after which the patient would benefit from a CPM device. Based on standard orthopedic surgery guidelines, the request is medically necessary.