

Case Number:	CM14-0156670		
Date Assigned:	09/26/2014	Date of Injury:	04/02/2012
Decision Date:	11/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 47-year-old female sustained an industrial injury on 4/2/12. The mechanism of injury was not documented. She underwent an arthroscopic femoral neck resection and debridement of the labrum in June 2012 with residual pain. A coccygectomy was performed in October 2013, with post-op wound dehiscence. The 4/17/14 right hip magnetic resonance imaging scan impression documented post-surgical changes to the right hip without evidence of fracture, dislocation or avascular necrosis. There was no obvious labral tear identified. Records indicated that the injured worker had undergone narcotic detoxification in April 2014 with the use of percutaneous implantation and neurostimulator electrodes. She was diagnosed with coccydynia, chronic pain syndrome, major depressive disorder, and right hip internal derangement. She remained off narcotics as of 7/16/14. She was diagnosed with gastritis and gall stones and was pending gall bladder surgery. The right hip revision surgery was approved on 7/28/14. The 8/18/14 utilization review denied the request for pre-operative clearance for the right hip surgery as she was 46 years old and had not significant medical conditions to warrant this evaluation. The request for a post-op ice machine was modified and approved for 7 day use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance for right hip surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Peri-operative Cardiovascular Evaluation and Care for Non-cardiac Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all workers undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle-aged females have known occult increased medical/cardiac risk factors. The injured worker recently completed narcotic detoxification and was diagnosed with gastritis and gall stones. Given these clinical indications, this request is medically necessary. Significant co-morbidities exist including recent narcotic detoxification.

Ice machine post op right hip surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), and Hip & Pelvis (Acute & Chronic), Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Continuous flow cryotherapy Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Cryotherapy

Decision rationale: The Chronic Pain Medical Treatment Guidelines are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery for up to 7 days, including home use. The 8/18/14 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.