

Case Number:	CM14-0165054		
Date Assigned:	10/10/2014	Date of Injury:	02/08/2013
Decision Date:	11/28/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgery, has a subspecialty in Spine 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:

According to the records made available for review, this is a 52-year-old male with a 2/8/13 date of injury. At the time (9/18/14) of Decision for Cold therapy, Home DVT care system, and DVT wraps: left calf x 2, there is documentation of subjective (left hip pain) and objective (limited range of motion of the left hip, exacerbated groin and trochanteric tenderness with the Stinchfield, FABER, psoas and Ober-Yount tests; and tenderness to palpitation over the trochanteric region extending down the iliotibial band) findings, current diagnoses (left hip osteoarthritis exacerbation, right hip osteoarthritis, left greater trochanteric bursitis, and left iliotibial band tendinitis), and treatment to date (medications). Medical reports identify a pending left hip arthroplasty that has been authorized/certified. There is no documentation that the patient is at a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy: 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), Knee 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 & Pelvis Chapter, Cold compression therapy; venous thrombosis; Continuous-flow cryotherapy

Decision rationale: MTUS does not address this issue. ODG identifies that cold compression therapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of mechanical compression therapy. Furthermore, ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of left hip osteoarthritis exacerbation, right hip osteoarthritis, left greater trochanteric bursitis, and left iliotibial band tendinitis. In addition, there is documentation of a pending left hip arthroplasty that has been authorized/certified. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. In addition, there is no documentation of the number of days requested. Therefore, based on guidelines and a review of the evidence, the request Cold therapy is not medically necessary.

Home DVT care system: 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), Knee and Leg Chapter, Compression Garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis; venous thrombosis Other Medical Treatment Guideline or Medical Evidence: (<http://www.sosmedical.net/products/featured-products/vascutherm/>)

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS does not address this issue. ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of diagnoses of left hip osteoarthritis exacerbation, right hip osteoarthritis, left greater trochanteric bursitis, and left iliotibial band tendinitis. In addition, there is documentation of a pending left hip arthroplasty that has been authorized/certified. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for Home DVT care system is not medically necessary.

DVT wraps: left calf x 2: 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), Knee and Leg Chapter, Compression Garments

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending authorization/certification for a Home DVT care system that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for DVT wraps: left calf x 2 is not medically necessary.