

Case Number:	CM14-0169674		
Date Assigned:	10/17/2014	Date of Injury:	08/30/2010
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 64-year-old female who reported an injury on 08/30/2010. The mechanism of injury occurred when she hit a cement pole in the parking lot and developed immediate right hip pain. On 09/10/2014, the injured worker presented with severe right groin pain. X-ray of the right hip performed on 09/10/2014 noted a bone cyst to the superior acetabular region and severe joint space narrowing noted. Objective findings of the right hip included groin pain with passive range of motion. Diagnosis was severe right hip osteoarthritis. On 10/27/2014, the injured worker underwent a right total hip arthroplasty. The provider recommended an ice machine for a 2 week rental. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice Machine for 2 weeks rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg (updated 8/25/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME).

Decision rationale: The request for an Ice Machine for 2 weeks rental is not medically necessary. The Official Disability Guidelines state that durable medical equipment is recommended only if there is a medical need and if a device or system meets Medicare's definition of durable medical equipment. Medical equipment is defined as equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. A clear rationale for a recommendation of an ice machine rental was not provided. There is no indication as to the necessity of an ice machine versus home use of ice packs. The requested equipment does not meet the Medicare definition of durable medical equipment. As such, the request is not medically necessary.