

Case Number:	CM14-0021865		
Date Assigned:	05/09/2014	Date of Injury:	01/09/2012
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pennsylvania. 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 claimant, a 61-year-old female, was injured at work on January 9, 2012, when she fell after being hit by a resident who collided with an I.V. pole. The records available for review document an injury to the left shoulder. On September 27, 2012, the claimant underwent shoulder arthroscopy, rotator cuff repair, decompression, labral repair and debridement. She also reported injury-related left hip pain, for which a February 4, 2014, evaluation showed restricted range of motion, pain with log rolling and restricted activities. Based on failed conservative care, the recommendation was made for diagnostic arthroscopy, and labral repair of the hip. The requested surgery was certified upon February 13, 2014, utilization review. This perioperative request is for 12 sessions of physical therapy, a 14-day use of a cryotherapy device, and a post-operative brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE DME BRACE: 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), Hip & Pelvis (updated 12/09/13), Arthroscopy , Sacroiliac Support Belt.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: Hip Procedure, Sacroiliac Support Belt.

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Under the Official Disability Guidelines, the use of postoperative bracing in this case would not be indicated. ODG Guidelines criteria do not support the routine use of post-operative bracing following hip arthroscopy. The records in this case reflect no other clinical history, imaging findings or other surgical process that would support the acute need for post-operative bracing. Absent the support of the ODG Guidelines criteria or other extenuating factors, this request would not be medically necessary.

COLD THERAPY UNIT FOR 14 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), Knee & Leg (updated 01/20/14), Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Hip Procedure, Cryotherapy.

Decision rationale: Under California MTUS ACOEM and Official Disability Guidelines, the role of cryotherapy for 14 days for the hip is not supported. The ODG Guidelines recommend cryotherapy for up to seven days of use, including home use, for selective shoulder- and knee-related procedures. While the ACOEM Guidelines recommend topical application of cold therapy to manage an acute inflammatory process in the hip, the request for a 14-day use of a cryotherapy device would not be indicated as medically necessary on two grounds - that it is not recommended for use in the hip and that a 14-day use would exceed guidelines criteria by seven days.

PHYSICAL THERAPY THREE TIMES PER WEEK FOR FOUR WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 sessions of initial physical therapy would be supported in this case. The reviewed records do not document the completion of post-operative physical therapy. For hip arthroscopy, the Postsurgical Guidelines recommend up to 14 sessions of physical therapy over a three-month period of time. Therefore, the request in this case would fall within the Postsurgical Guidelines criteria.