

Case Number:	CM14-0022227		
Date Assigned:	05/09/2014	Date of Injury:	09/21/2012
Decision Date:	07/15/2014	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 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:

This 64 year old claimant status post industrial injury reported on 9/21/12. Report of severe osteoarthritis of the hip. Exam note 10/22/13 demonstrates report of need for total hip replacement on the left for severe left hip osteoarthritis. MRI left hip on 2/23/13 demonstrates severe left hip osteoarthritis. Utilization review approval on 2/13/14 for left total hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (CONTINUOUS PASSIVE MOTION) RENTAL X 3 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvic Chapter, CPM.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is recommended for in hospital use. The use of CPM for home use has minimal benefit per the guidelines. Therefore the request for 21 day rental of a CPM unit is not medically necessary and appropriate.

ONE VASCULAR THERM 4 DVT SYSTEM WITH HOT/COLD COMPRESSION RENTAL X 2 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cyrotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request is for 14 days. The request is not medically necessary and appropriate.

SKILLED NURSING HOME STAY X 3 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvic Chapter, skilled nursing facilityto ODG, Hip and Pelvic Chapter, skilled nursing facility.

Decision rationale: CA MTUS/ ACOEM is silent on the issue of skilled nursing home stay. According to ODG, Hip and Pelvic Chapter, skilled nursing facility, 10-18 days is recommended following 3-5 days acute hospital stay for arthroplasty. As the request is for 21 days, the determination is for non-approval as it exceeds the ODG criteria.