

Case Number:	CM14-0049692		
Date Assigned:	07/07/2014	Date of Injury:	04/15/2010
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 51-year-old male truck driver sustained an industrial injury on 4/15/10, due to repetitive activities. Past surgical history was positive for right total knee replacement on 8/5/13. The patient was diagnosed with severe end-stage avascular necrosis of the right hip. Conservative treatment has included cortisone injections, viscosupplementation, medications and activity modification. The 3/7/14 treating physician report cited severe right hip pain and stiffness. Physical exam documented hip range of motion to include flexion 90, internal rotation 10, external rotation 30, and abduction 40 degrees. There was pain throughout the arc of motion. He walked with a severe antalgic gait. His calculated body mass index was 36.6. X-rays showed joint space narrowing, subchondral sclerosis, and osteophyte formation. Severe degenerative changes were noted. The patient had failed conservative treatment and a right total hip replacement was recommended. Records noted the right hip pain was hampering his leg and knee range of motion, limiting the benefit of his post-total knee replacement physical therapy. The 4/9/14 utilization review denied the requests for TED hose, in home RN evaluation, continuous passive motion unit, and cold therapy unit as the associated total hip arthroplasty was not medically necessary. The current record does not indicate the status of the surgical request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) pairs of ted hose stockings: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg.

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, Compression garments.

Decision rationale: The California MTUS does not address the medical necessity of compression garments for post-operative deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines recommend compression garments and state that there is good evidence for the use of compression in DVT prophylaxis. Should the total hip arthroplasty be performed, the use of compression stockings would be appropriate. The medical necessity would be established for one pair of stockings, with the second pair not medically necessary but a patient convenience. Therefore, this request for two (2) pairs of TED hose stockings is not medically necessary.

In home Registered Nurse for evaluation, medication intake and vitals monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page(s) 51 Page(s): 51.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Guideline criteria have not been met. There is no compelling medical rationale or documentation that the patient requires in home skilled nursing services for evaluation, medication intake, and vitals monitoring. There is no documentation that the patient would be homebound. Therefore, this request for in home Registered Nurse for evaluation, medication intake and vitals monitoring is not medically necessary.

Continuous passive motion machine rental for twenty-one (21) days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and leg.

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 passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for chronic hip conditions. The Official Disability Guidelines recommended the use of continuous passive motion devices in the acute hospital setting for no more than 21 days following total hip arthroplasty (revision and primary) and for home use up to 17 days while the patients at risk of a stiff hip are immobile or unable to bear weight following a primary or revision total hip arthroplasty. Guideline criteria have been met. The use of continuous passive motion would be

appropriate for this patient in the post-op period following total hip arthroplasty, if authorized. Therefore, this request for one continuous passive motion machine rental for twenty-one (21) days is medically necessary.

Cold therapy unit rental for twenty-one (21) days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and leg.

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: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-op setting following hip surgery, including home use. Although the use of cold therapy during the post-op period would be appropriate for this patient, there is no compelling reason to support the medical necessity of this request beyond the 7 day guideline recommendation. Therefore, this request for cold therapy unit rental for twenty-one (21) days is not medically necessary.