

Case Number:	CM14-0056467		
Date Assigned:	08/06/2014	Date of Injury:	10/11/2012
Decision Date:	10/02/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/24/2014

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 Family Medicine 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:

The patient is a 33 year-old woman who was injured at work on 10/11/2012. The injury was primarily to her left hip. She is requesting review of denial for the following: DME: CPM X 10 days (rental); Game Ready Ice Machine X 14 days (rental); Purchase, Pad + Pedlar; and Crutches. Medical records corroborate ongoing care for her injuries. She underwent an evaluation by an orthopedic surgeon whose diagnoses included: Left Hip/Iliopsoas Impingement; Left Hip/Labral Tear; Left Hip/Mild Femoral Acetabular Impingement. Treatment included: Physical therapy, work/activity restrictions, NSAIDs, a self-directed home exercise program, corticosteroid injections, and a left hip injection under anesthesia and fluoroscopic guidance. She has received approval for a "Complex repair of Labral + Osteoplasty and Iliopsoas Fractural Lengthening." The requested DME was subsequent to this surgical approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip DME: cpm x 10 days, 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 (ODG) Hip and Pelvis Chapter

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 Pelvis, Continuous Passive Motion Devices.

Decision rationale: The Official Disability Guidelines comment on the use of Continuous Passive Motion devices for the treatment of hip conditions. The criteria for home use of these CPM devices are as follows: For up to 17 days after surgery while patients at risk of a stiff hip are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total hip arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. In review of the medical records, there is no documentation to indicate that the patient is unable to comply with rehabilitation exercises, has complex regional pain syndrome, has extensive arthrofibrosis or tendon fibrosis, or suffers from the physical, mental or behavioral inability to participate in active physical therapy. Therefore, a CPM device is not considered as medically necessary.

Game Ready Ice machine x 14 days rental, purchase; pad + pedlar: 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)

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 Pelvis, Cryotherapy (Continuous-Flow Cryotherapy).

Decision rationale: The Official Disability Guidelines comment on the use of continuous-flow cryotherapy as a treatment for hip conditions. Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. (Hubbard, 2004) (Morsi, 2002) (Barber, 2000) The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance in the outpatient setting. (BlueCross BlueShield, 2005) Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. (Aetna, 2006) In summary, there is insufficient documentation in the medical records to justify the use of the Game Ready Ice Machine times 14 days. Specifically, there is no information provided to justify the use of this device over the use of ice packs. The Game Ready Ice Machine is not considered as medically necessary. The section of this appeal also included the term "Pad + Pedlar." There is no description in the attached records to specify why the provider made the request of a "Pad + Pedlar" and how they are to be used, either in combination with the Game Ready Ice Machine or any other DME device. The MTUS/ACOEM Guidelines and the Official Disability Guidelines

do not comment on a "Pad + Pedlar." Therefore, given the lack of specificity as to the request, a "Pad + Pedlar" is not considered as a medically necessary device.

Crutches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Walking Aids (canes, crutches, walkers).

Decision rationale: As described above, the patient will be undergoing the following procedure: Complex Repair of Labral + Osteoplasty and Iliopsoas Fractural Lengthening. The Official Disability Guidelines comment on the use of walking aids for hip conditions. Walking aids to include canes, crutches and walkers are recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. While this patient does not have documented osteoarthritis, it is expected that a walking aid will be needed during the post-operative recovery period. The use of crutches is considered as medically necessary for this patient's condition.