

Case Number:	CM14-0069035		
Date Assigned:	07/14/2014	Date of Injury:	04/14/2011
Decision Date:	09/16/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/14/2014

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 Internal Medicine & Emergency 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 49 year-old with a date of injury of 04/14/11. A progress report proximate to the request for services; dated 04/18/14, identified subjective complaints of right hip pain. Objective findings included no tenderness to palpation of the hip. Diagnoses included (paraphrased) axial neck pain; L3/L4 radicular low back pain; lumbar facet syndrome; and right trochanteric bursitis. Treatment had included NSAIDs, injections, and physical therapy. She underwent a hip arthroscopy with chondroplasty in May of 2014. A Utilization Review determination was rendered on 05/08/14 recommending non-certification of "Right hip Vascutherm for DVT prophylaxis #30 for date of service 5/1/14; Hot/Cold Compression #30 for date of service 5/1/14; 1 Wrap for date of service 5/1/14; and CPM #30 for date of service 5/1/14".

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip vasutherm for DVT prophylaxis #30 for date of service 5/1/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address the use of postoperative deep venous thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) notes that individuals at high risk for venous thrombosis should receive prophylactic measures such as anticoagulation. The risk of venous thrombosis is greatest for joint replacement as opposed to hip arthroscopy. Likewise, pharmacologic prophylaxis is more effective than mechanical methods. Therefore, the request for postoperative Vascultherm prophylaxis is not medically necessary.

Hot/Cold Compression #30 for date of service 5/1/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Cryotherapy - > See Knee Chapter; Knee, Compression Cryotherapy -> See Continuous-flow Cryotherapy.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address postoperative hot/cold compression therapy of the hip. The Official Disability Guidelines (ODG) state that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use may be up to 7 days, including home use. Therefore, a cold therapy unit is not medically necessary for the duration requested.

1 Wrap for date of service 5/1/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Cryotherapy - > See Knee Chapter; Knee, Compression Cryotherapy -> See Continuous-flow Cryotherapy.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address postoperative hot/cold compression therapy with a wrap of the hip. The Official Disability Guidelines (ODG) state that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use may be up to 7 days, including home use. Therefore, a wrap is not medically necessary for the duration requested.

CPM #30 for date of service 5/1/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Passive Motion (CPM).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address continuous passive motion (CPM) after hip surgery. The Official Disability Guidelines (ODG) recommends CPM for in-hospital use, or for home use in patients at risk for a stiff hip, based on demonstrated compliance and measured improvements. They also state that routine home use of CPM has minimal benefit. The indications include home use up to 17 days for:- Low postoperative mobility or inability to comply with rehabilitation following total hip arthroplasty or revision, including patients with:
o Complex regional pain syndrome
o Extensive tendon fibrosis
o Inability to participate in physical therapy
In this case, the record does not document the patient to be at risk for postoperative stiffness or fibrosis, and did not undergo hip arthroplasty. Therefore, there is no documentation for a CPM device for 30 days, and is not medically necessary.