

Case Number:	CM14-0082731		
Date Assigned:	07/21/2014	Date of Injury:	10/04/2011
Decision Date:	09/11/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 Occupational 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:

This is a case of a 59-year-old female who has filed a claim for status post hip arthroscopy with acetabular takedown and femoral neck resection, right hip associated with an injury date of 10/04/2011. Medical records from 2013 to 2014 were reviewed. Latest progress reports show that the patient is 2 months post procedure. She has progressed in physical therapy with some mild continued pain and stiffness as a result of her knee problems, including swelling that have hampered her. She still uses crutches. Physical examination of the hips reveal healed incisions with no edema and no sign of DVT. Hip internal rotation is to 30 degrees with mild discomfort. Straight leg raise and palpation of the lateral thigh produce no discomfort. Knee examination shows bilateral moderate effusion of the knees with limited ranges of motion secondary to swelling. Treatment to date has included surgical management, physical therapy, and medications. Medications taken included Motrin and Omeprazole. Utilization review dated 05/08/2014 denied the requests for cold compression therapy and purchase of hip pad. OGD states that continuous-flow cryotherapy is recommended as an option after surgery but not for nonsurgical treatment with a postoperative use up to 7 days, including home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold compression therapy x 1 month 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, Knee and Leg chapter, updated 2/15/12.

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 does not specifically address Game Ready accelerated recovery system. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Game Ready accelerated recovery system is recommended as an option after surgery, but not for nonsurgical treatment. The Game Ready system combines continuous-flow cryotherapy with the use of vasocompression. Postoperative use generally may be up to 7 days, including home use. A systematic review concluded that solely an analgesic effect was demonstrated by the use of continuous cooling. In this case, the patient is already 2 months post procedure. Moreover, there were no acute exacerbations of pain. It is unclear why there is a necessity for this treatment modality, since the patient is already on medications and physical therapy. Furthermore, there is no sign of DVT on physical examination. The clinical indication has not been established; therefore, the request for Vascutherm cold compression therapy x 1 month rental is not medically necessary.

Purchase of hip pad for right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter, updated 2/15/12.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for Vascutherm cold compression therapy x 1 month rental has been deemed not medically necessary; therefore, all of the associated services, such as this request for Purchase of hip pad for right hip is likewise not medically necessary.