

Case Number:	CM14-0095406		
Date Assigned:	07/25/2014	Date of Injury:	06/13/2013
Decision Date:	09/09/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old male who sustained industrial injuries to his left hip and knee on June 13, 2013. Since the date of the accident, the injured worker has been prescribed anti-inflammatory medications which provided relief of symptoms but he developed gastritis-type of symptoms from these. He utilized Flexeril for muscle spasms with good relief noted. Since his injury, he underwent 8 physical therapy sessions as well as 12 acupuncture sessions which provided some relief of symptoms but did not yield long lasting benefit. Magnetic resonance imaging scan of the left hip without contrast performed on January 16, 2014 showed findings consistent with a spectrum of femoro-acetabular impingement as characterized by delamination of articular cartilage in lateral 1.4 cm of the acetabulum and anterior 1.2 cm. The labrum is torn both laterally and anteriorly with replacement of the labrum osteophyte laterally. Findings also demonstrate an aspherical femoral head with chondromalacia. Medication regimen as of April 29, 2014 includes Naprosyn 550 milligrams, omeprazole 20 milligrams, and Flexeril 7.5 milligrams. As per orthopedic evaluation report dated March 13, 2014, hip arthroscopy was recommended and the treating physician recommended a cryotherapy unit post-operatively. On May 1, 2014, the injured worker continued to complain of pain to the left hip. Left hip examination showed full but slightly uncomfortable range of motion. Slightly positive compression grind test noted. Knee examination is grossly intact. Progress report dated May 20, 2014 notes the injured worker's complaints of mild pain from his left hip traveling down to his left knee. Mild tenderness on the L2 to sacrum region and to the hip region was appreciated. The injured worker has ongoing acupuncture twice a week, which reportedly relieves his pain and improves his hip flexibility and decreases stiffness. The injured worker continues to work with full duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryotherapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Knee & leg (updated 03/31/14) Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 289. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous Flow Cryotherapy.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines do not recommend continuous cooling, high-tech cryotherapy device. Simple, at-home applications of cold will suffice for delivery of cold therapy. It is unclear in the medical records provided for review why the injured worker could not use local application of cold or ice packs to the affected regions versus the need for a cryotherapy unit. Additionally, the Official Disability Guidelines indicate that cold therapy units are commended as an option following surgical treatment; however, not as non-surgical treatment. Post-operative use is generally indicated for up to 7 days including home use. There was nothing indicated in the medical records which provided that the injured worker is scheduled for any surgery or surgery took place at all. Therefore, it can be concluded that the medical necessity of the requested cryotherapy unit is not medically necessary at this time.