

Case Number:	CM14-0187793		
Date Assigned:	11/18/2014	Date of Injury:	09/10/2012
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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:

According to the records made available for review, this is a 43-year-old female with a 9/10/12 date of injury. At the time (11/5/14) of the Decision for Associated Surgical Service: Cold therapy, Compression, and DVT Prophylaxis Therapy with DVT and Thermal Compression Wraps x 30 Days, there is documentation of subjective (back and groin pain) and objective (painful hip range of motion) findings, current diagnoses (right hip pain and lumbago), and treatment to date (medications and physical therapy). Medical report identifies an associated request for right hip arthroscopy; possible acetabuloplasty has been authorized/certified. There is no documentation of high risk for developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Cold therapy, Compression, and DVT Prophylaxis Therapy with DVT and Thermal Compression Wraps x 30 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Cryotherapy and Deep Vein Thrombosis (DVT)

Decision rationale: Specifically regarding cold therapy, MTUS does not address this issue. ODG states that continuous-flow cryotherapy is "recommended postoperatively for up to 7 days, including home use." Specifically regarding DVT prophylaxis therapy, MTUS does not address this issue. ODG identifies documentation of high risk for developing venous thrombosis, as criteria necessary to support the medical necessity of anticoagulation therapy. Within the medical information available for review, there is documentation of diagnoses of right hip pain and lumbago. In addition, there is documentation of an associated request for right hip arthroscopy; possible acetabuloplasty has been authorized/certified. However, specifically regarding cold therapy, the request for cold therapy, compression x30 days exceeds guidelines. In addition, specifically regarding DVT Prophylaxis Therapy, there is no documentation of high risk for developing venous thrombosis. Therefore, based on guidelines and a review of the evidence; the request for Associated Surgical Service: Cold therapy, Compression, and DVT Prophylaxis Therapy with DVT and Thermal Compression Wraps x 30 Days is not medically necessary.