

Case Number:	CM15-0136679		
Date Assigned:	07/24/2015	Date of Injury:	11/19/2013
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 58 year old male who sustained an industrial injury on 11/19/13. The mechanism of injury was unclear. He currently (two weeks post-operative total hip replacement) complains of constant, dull hip pain with a pain level of 3-5/10. Physical exam was unremarkable with trace effusion. Medications were tramadol and Dilaudid. Diagnoses include end-stage right hip osteoarthritis, status post right total hip replacement (1/28/15). There were no diagnostics available for review. On 6/17/15 Utilization Review evaluated a request for Thermacure 12 day extension post-operative right hip (date of service 3/27/15-4/7/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure 12 day extension Post-Op Right Hip (Dates of service: 3/27/15-4/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back (thermotherapy).

Decision rationale: CA MTUS does not specifically address thermotherapy, so ODG guidelines were referenced. Thermotherapy is not recommended for the hip. In general there is a "lack of evidence of its efficacy," according to the ODG. The ODG further recommends simple hot and cold packs if needed. In this case, the patient underwent a total hip replacement on 1/26/15. Post-operatively he was prescribed a Thermacure device. The request is to extend the use of the device from 3/27/15 to 4/17/15. No rationale is given for the use of this device 2 months following surgery, thus the request is not medically necessary.