

Case Number:	CM15-0163045		
Date Assigned:	08/31/2015	Date of Injury:	02/01/2013
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 50-year-old female who sustained an industrial injury on 02-01-2013 while performing training exercises. Diagnoses include hip pain. Treatment to date has included medications, physical therapy, steroid injection and activity modification. According to the progress report dated 7-6-2015, the IW (injured worker) reported pain in the left groin rated 3 out of 10, outer left hip pain rated 3.5 out of 10 and left buttock pain rated 4 out of 10. On examination, range of motion of the left hip was 100 degrees forward flexion, 40 degrees external rotation, 10 degrees internal rotation and 25 degrees abduction. Distal neurovascular exam was normal. An MRI of the left hip indicated a possible area of delamination or tearing of the acetabular labrum. Left hip arthroscopy was pending. A request was made for rental of Vascutherm 4: iceless cold therapy, compression and DVT (deep vein thrombosis) wraps for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of vascutherm 4: iceless cold therapy, compression, and deep vein thrombosis (DVT) wraps for 30 days: 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 ODG, knee and leg section, venous thrombosis & Cold compression therapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the determination is for non-certification. CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy or deep vein thrombosis prophylaxis for wrist surgery. ODG, Forearm, Wrist and Hand is silent on the issue of DVT prophylaxis. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 7/6/15 do not justify objective evidence to support a need for DVT prophylaxis. Therefore the request for VascuTherm is not medically necessary or appropriate.