

Case Number:	CM15-0166976		
Date Assigned:	09/04/2015	Date of Injury:	12/06/2008
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey

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 44 year old female who sustained an industrial injury on 12-06-2008. Mechanism of injury occurred while working as an ER nurse she was supporting a 400 pound patient on a gurney and the gurney collapsed on her and she resisted with her back and legs. She injured her low back, tail bone, S1 joint and buttock and now has right groin pain. Diagnoses include right hip labral tear and cam femoroacetabular impingement, status post right hip arthroscopy on 07-13-2015. Treatment to date has included diagnostic studies, medications, cortisone injections, surgery, physical therapy, and use of a brace. A physician progress note dated 07-28-2015 documents the injured worker is 2 weeks status post right hip arthroplasty and incision was healed with no erythema, drainage or ecchymosis. There was no calf tenderness. She was neurovascularly intact distally. She is anxious to increase her exercises. The treatment plan includes discontinuing the brace; begin weight bearing as tolerated and weaning off the walker over the next week or so, continuing therapy and icing afterwards, and discontinuing the CPM machine. Treatment requested is for Continuous Passive Motion machine, two additional week's rental for the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion machine, two additional weeks rental for the 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, Hip and Pelvis, Continuous Passive Motion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis section, Continuous passive motion (CPM).

Decision rationale: The MTUS Guidelines are silent on the subject of continuous passive motion (CPM) devices for postoperative use. The ODG states that it may be recommended for patients at risk of a stiff hip based on demonstrated compliance and measured improvements, but states that the benefits over regular physical activity may be small. The ODG suggests that it may be considered for 4-10 consecutive days (no more than 21) in the setting of an acute hospital setting of total hip arthroplasty (revision and primary) and up to 17 days for home use when the patient is immobile or unable to bear weight or at risk of a stiff hip such as those with complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis, or physical, mental, or behavioral inability to participate in active physical therapy. In the case of this worker, there was insufficient documentation to suggest this worker qualified for CPM at home after her right hip surgery. There was no indication she was not able to perform physical therapy, no diagnoses which might lower her chances of success with physical therapy, and there was no signs of immobility or inability to bear weight from the notes presented for review from the time of this request. Therefore, this request for CPM x 2 weeks will be considered medically unnecessary.