

Case Number:	CM15-0184560		
Date Assigned:	10/01/2015	Date of Injury:	07/28/2011
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/19/2015

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 33 year old female with a date of injury on 7-28-11. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right hip pain. Progress report dated 7-30-15 reports continued complaints of right hip and right buttock pain with limited range of motion. The pain is rated 7 out of 10. The pain is worse with activities, prolonged standing or walking fast. Pain medications and rest helps to relieve the pain. Objective findings: right hip has some mild tenderness in the groin and greater trochanter. Range of motion is limited with a very strong positive anterior and posterior impingement sign characteristic of either labral tears or articular cartilage pathology or delamination. MRI (January 2014) revealed labral tear. Treatments include: medication, physical therapy, chiropractic care and injections. Request for authorization was made for pre-op hemoglobin A1C, post-op chest x-ray and VascuTherm 4 ice-less cold therapy, compression and DVT prophylaxis with DVT and thermal compression wraps for duration of 30 days. Utilization review dated 8-27-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op tests: hemoglobin A1C: 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) Low back, Preoperative testing general.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. In this case there is no evidence of poorly controlled diabetes to warrant the Hgb A1c prior to surgery. Therefore, this request is not medically necessary.

Pre-op test: chest x-ray: 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 Feely "Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations" American Family Physician 2013.

Decision rationale: CA MTUS ACOEM/ODG are silent with regard to the use or preoperative chest x-rays. Alternate guidelines are referenced. In an article entitled Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations which was published in the American Family Physician 2013, Feely et al stated that: Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. There is no documentation in the provided medical records that this patient is at a higher risk for postoperative pulmonary complications and thus the request for a preoperative chest x-ray is not considered to be medically necessary.

Associated surgical service: VacuTherm 4 Iceless cold therapy, compression and DVT prophylaxis therapy with DVT, and thermal compression wraps - 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, 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 request is not medically necessary.