

Case Number:	CM15-0185016		
Date Assigned:	09/25/2015	Date of Injury:	03/05/2011
Decision Date:	11/02/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 3-5-11. His diagnoses or physician impression includes pain in joint involving pelvic region and thigh. A report dated 7-6-15 reveals the injured worker presented with complaints of right hip pain. He reports difficulty with work, squatting and going up and down the stairs. A physical examination dated 7-6-15 revealed positive impingement sign in the right hip, his right knee has a positive patellofemoral crepitance and positive apprehension. Treatment to date has included neurology consults and medication. Diagnostic studies to date have included a right hip MRI. A request for authorization dated 8-20-15 for hip abduction brace, 2 spring assist crutches and Vascutherm 4 iceless cold therapy, compression and DVT prophylaxis therapy with DVT and thermal compression wraps for 30 days are all non-certified, per Utilization Review letter dated 8-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Hip abduction brace: 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), Hip & Pelvis, Brace, Sacroiliac support belt.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip / Brace & Sacroiliac support belt.

Decision rationale: Per ODG, a brace and/or sacroiliac support brace is "recommended as an option in conservative treatment of sacroiliac joint dysfunction. (Monticone, 2004)" As this patient does not have sacroiliac joint dysfunction the request is not medically necessary.

Associated surgical service: 2 spring assist crutches: 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), Hip & Pelvis, Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, walking aids.

Decision rationale: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." In this case there is lack of functional deficits noted in the exam note from 7/6/15 to warrant crutches. Therefore the request is not medically necessary.

Associated surgical service: Vascutherm 4 iceless cold therapy, compression and dvt prophylaxis therapy with DVT and thermal compression 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 (ODG), Hip & Pelvis, Vasopneumatic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, cold/heat packs.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hot/cold therapy. According to ODG, Knee and Leg section, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. Therefore the request for Vascutherm 4 iceless cold therapy, compression and dvt prophylaxis therapy with DVT and thermal compression wraps for 30 days is not medically necessary.

