

Case Number:	CM15-0193327		
Date Assigned:	10/13/2015	Date of Injury:	05/09/2013
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/02/2015

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 57 year old female who sustained an industrial injury on 5-9-13. The assessment 6-9-15, is noted as hip pain. An MRI of the left hip (5-12-15) reveals an impression of a normal left hip joint, minimal left sided gluteus minimus tendinosis, and right sided anterior paralabral cyst formation with likely associated anterior labral tear. A progress report dated 6-9-15 notes her gait is slightly antalgic on the left and tenderness of the left greater trochanter region extending along the entire iliotibial band down to Gerdy's tubercle. Hip range of motion right-left is 120-70 for forward flexion, 40-20 for external rotation, 30-10 for internal rotation, and 30-20 for abduction. A very strong positive anterior and posterior impingement sign on the left is noted. The assessment was left hip pain, with quite a bit of irritability in the hip joint as well as greater trochanteric bursitis and severe iliotibial band syndrome. The plan is noted as to obtain a round of physical therapy, Voltaren Gel, and if no response to these measures, may benefit from a diagnostic hip arthroscopy of the left hip with possible labral debridement and articular cartilage repair. In a progress report dated 7-15-15, the physician notes complaint that the pain is worse and rated at 8 out of 10. Pain is noted to be occasional and brought on with extension of the hip and too much exercise, and better with walking. Medications are Lyrica, Ibuprofen, and Duloxetine. She had started physical therapy for the hip, and has been off work for restrictions not being met by her employer. Previous treatment includes medications, physical therapy, and home exercise, (an allergy to Cortisone is noted). On 9-16-15, the requested treatment of associated surgical service: Vascutherm 4 x 30 days was denied and post-operative physical therapy x 12 visits was modified to 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascutherm 4 x 30 day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg Chapter, Game ready accelerated recovery system.

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 section, cold/heat packs.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as vascutherm as cold packs is a low risk cost option. Therefore the request is not medically necessary.

Post op physical therapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur).

Decision rationale: Per the CA MTUS Post surgical guidelines, synovectomy, pages 23 and 14 visits are authorized over a 3 month period. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the requested number of visits exceed the recommended initial course of therapy and thus the request is not medically necessary.