

Case Number:	CM15-0199469		
Date Assigned:	10/14/2015	Date of Injury:	07/05/2014
Decision Date:	11/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/09/2015

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 82 year old male who sustained a work-related injury on 7-5-14. Medical record documentation on 9-9-15 revealed the injured worker was being treated for pain in the joint involving the pelvic region and thigh and osteoarthritis involving the pelvic region and thigh. He reported no changes in his left hip since his previous evaluation. He was walking with a cane and reported that he wished to proceed with a left total hip replacement. His treatment to date included physical therapy, medications and activity modifications. Objective findings included no areas of point tenderness over the left hip, no obvious spasm and no tenderness over the greater trochanter. He ambulated independently and had a significant limp on the left. His left hip range of motion included flexion to 80 degrees, external rotation to 30 degrees, internal rotation to 0 degrees, abduction to 20 degrees and adduction to 10 degrees. He had a hip flexion contracture of 20 degrees. An x-ray performed on 9-9-15 revealed advanced osteoarthritis of the left hip, previous left pelvis fracture and previous left femur fracture with probable malunion and shortening of the left lower extremity. On 10-5-15, the Utilization Review physician modified Vital Hot-Cold Therapy unit rental or purchase following left total hip arthroplasty to cold therapy unit for a seven-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Vital Hot/Cold Therapy unit (rental or purchase): 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-TWC) Procedure Summary Online Version last updated 5/5/2015, continuous-flow cryotherapy, cold/heat packs.

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 Chapter regarding continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is for not medically necessary.