

Case Number:	CM15-0208719		
Date Assigned:	11/17/2015	Date of Injury:	06/14/2005
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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 58 year old male injured worker suffered an industrial injury on 6-14-2015. On 6-23-2015 the provider noted the injured worker noted he had right hip arthroscopic labral tear debridement and chondroplasty and femoral plasty 3 months prior. At the time of the surgery it was noted there was extensive osteoarthritis of the hip with full thickness cartilage loss and the injured worker felt there was no improvement. The provider recommended total hip arthroplasties. On 9-4-2015 the provider reported the injured worker's activities had been limited by pain and now had begun to feel pain in the left hip since he had been favoring the right hip with numbness in the lateral thigh radiating down to the foot. On exam there was limited painful range of motion. The provider noted his independent interpretation of the x-rays of the pelvis and right hip revealed moderate, severe medial hip joint narrowing and sclerosis consistent with osteoarthritis. The recommended treatment was right hip arthroplasty. The provider noted he was scheduled for right hip arthroplasty on 10-6-2015. Prior treatments included medication, joint injections and physical therapy. The rationale for the requested treatments were not included in the medical record. Request for Authorization date was 9-4-2015. Utilization Review on 10-15- 2015 determined non-certification for Post-operative CPM (Continuous Passive Motion) machine rental for 14 days and Post-operative 3 in 1 commode purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative CPM (Continuous Passive Motion) machine rental for 14 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), Treatment Index, 13th Edition (web), 2015, Hip & 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 & Pelvis / Continuous passive motion (CPM).

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, Hip & Pelvis / Continuous passive motion (CPM): CPM is recommended for in hospital use. The routine use of CPM for home use has minimal benefit per the guidelines. Per ODG guidelines, the home use of a CPM after total hip arthroplasty is indicated as follows: For home use, up to 17 days after surgery while patients at risk of a stiff hip are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total hip arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total hip arthroplasty (THA) would be a better indication than primary THA, but either OK if #1 applies. In this case none of the ODG-specified circumstances apply that would necessitate home use of a CPM. Therefore, the request for 14 day rental of a CPM unit is not medically necessary and the request is non-certified.

Post-operative 3 in 1 commode 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), Treatment Index, 13th Edition (web), 2014, Knee and Leg, Durable medical equipment (DME).

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, DME.

Decision rationale: CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case the exam note from 9/4/15 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore, the request is not medically necessary and the determination is for non-certification.