

Case Number:	CM15-0209452		
Date Assigned:	10/28/2015	Date of Injury:	03/28/2014
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
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: Montana, Oregon, Idaho
 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 61 year old male, who sustained an industrial-work injury on 3-28-14. He reported initial complaints of right hip pain. The injured worker was diagnosed as having subcapital fracture of the right hip with previous fracture fixation with percutaneous screws and persistent hip pain with secondary osteoarthritis. Treatment to date has included medication, activity modification, and corticosteroid injection. Currently, the injured worker complains of unchanged symptoms of pain to the lateral right hip that is rated 3-7 out of 10 and fluctuates by movement. He takes Excedrin for pain management and had a reaction to Naproxen. Per the primary physician's progress report (PR-2) on 9-9-15, exam noted minimal tenderness over the incision site, no obvious spasms, minimal tenderness on palpation over the greater trochanter, uses a cane for ambulation and walks with a limp, reduced range of motion, positive straight leg raise to 40 degrees and 30 degrees to right, full sensation to the lower extremities, and 2+ to 4+ to the dorsalis pedis and posterior tibial areas. The Request for Authorization requested service to include Vital hot/cold therapy unit. The Utilization Review on 9-30-15 denied the request for Vital hot/cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vital hot/cold therapy unit: 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) Knee and Leg (updated 07/10/2015).

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. The ODG hip section is silent specifically for post operative use in hip fractures. However, it does refer to the knee and leg chapter. According to the 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 injured worker sustained a hip fracture while at work in 3/28/15. He underwent surgical treatment however the request for the hot/cold unit is over 6 months later. The guidelines recommend use in the acute post operative period only and not for nonoperative or chronic conditions. Therefore the request is not medically necessary.