MAXIMUS Federal Services

Case Number:	CM15-0211741		
Date Assigned:	10/30/2015	Date of Injury:	08/17/2006
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/28/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female who sustained an industrial injury 06-17-06. A review of the medical records reveals the injured worker is undergoing treatment for nonradicular lumbar pain and avascular necrosis of the right hip. Medical records (07-16-15) reveal the injured worker complains of "increasing" pain. The physical exam (07-06-15) is not documented. Prior treatment includes arthroscopic surgery of the left hip. The treating provider reports the plan of care is a revision arthroscopy of the right hip. The treating provider notes that there are provable adhesions versus persistent cartilage delamination and paralabral cyst, and possible some trochanteric bursitis or gluteus muscular insertion tendinosis. The original utilization review (10-06-15) non certified the post-operative game ready and hip-groin wrap rentals for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro post operative game ready rental x 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Game Ready accelerated recovery system, Knee & Leg Chapter, under Continuous-flow cryotherapy.

Decision rationale: The patient presents with right hip pain. The request is for RETRO POST OPERATIVE GAME READY RENTAL X 14 DAYS. The request for authorization form is not provided. The patient is status post right hip arthroscopic revision, 09/02/15. MRI of the right hip, 07/07/15, shows post femoroplasty on the right hip with delamination of articular cartilage occurring in 1.0 to 1.1 cm extend from medial to lateral and 1.5 cm extend from anterior to posterior. Patient's assessment includes probable adhesions versus persistent cartilage delamination and paralabral cyst; she may also have some trochanteric bursitis or gluteus muscular insertion tendinosis. Physical examination reveals pain on flexion rotation. She has tenderness over the right trochanter. Per progress report dated 07/16/15, the patient is working. ODG Guidelines, Knee & Leg Chapter, under Game Ready accelerated recovery system Section states, "Recommended as an option after surgery, but not for nonsurgical treatment. See Continuous-flow cryotherapy. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a recent yet-to-be-published RCT, patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone." ODG Guidelines, Knee & Leg Chapter, under Continuous-flow cryotherapy Section states, Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated. Per physician's prescription dated 01/01/15, treater's reason for the request is "due to my patient's needs and diagnosis." In this case, it appears the treater is recommending Game Ready to help the patient recover from a surgical procedure. ODG supports the use of cryotherapy for postoperative recovery. However, the request for postoperative use of the Game Ready for 14 days exceeds what is recommended by ODG. Therefore, the request WAS NOT medically necessary.

Retro post operative hip/groin wrap rental x 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Game Ready accelerated recovery system, Knee & Leg Chapter, under Continuous-flow cryotherapy.

Decision rationale: The patient presents with right hip pain. The request is for RETRO POST OPERATIVE HIP/GROIN WRAP RENTAL X 14 DAYS. The request for authorization form is not provided. The patient is status post right hip arthroscopic revision, 09/02/15. MRI of the

right hip, 07/07/15, shows post femoroplasty on the right hip with delamination of articular cartilage occurring in 1.0 to 1.1 cm extend from medial to lateral and 1.5 cm extend from anterior to posterior. Patient's assessment includes probable adhesions versus persistent cartilage delamination and paralabral cyst; she may also have some trochanteric bursitis or gluteus muscular insertion tendinosis. Physical examination reveals pain on flexion rotation. She has tenderness over the right trochanter. Per progress report dated 07/16/15, the patient is working. ODG Guidelines, Knee & Leg Chapter, under Game Ready accelerated recovery system Section states, "Recommended as an option after surgery, but not for nonsurgical treatment. See Continuous-flow cryotherapy. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a recent yet-to-be-published RCT, patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone." ODG Guidelines, Knee & Leg Chapter, under Continuous-flow cryotherapy Section states, Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated. Per physician's prescription dated 01/01/15, treater's reason for the request is "due to my patient's needs and diagnosis." In this case, it appears the treater is recommending a Hip/Groin Wrap for the Game Ready to help the patient recover from a surgical procedure. ODG supports the use of cryotherapy for postoperative recovery. However, the request for Game Ready was not authorized. Therefore, the request WAS NOT medically necessary.