

Case Number:	CM15-0042803		
Date Assigned:	03/16/2015	Date of Injury:	09/19/2011
Decision Date:	04/15/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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: Illinois, California, Texas
 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 51-year-old female who sustained an industrial injury on 9/19/11, due to a fall. The 7/8/13 right hip MR arthrogram documented partial thickness tears of the labrum posterior to the iliopsoas tendon and anterior inferior labrum. There was mild early joint space narrowing without associated chondral defect. The 2/6/15 right hip MRI documented a small area of focal near full thickness cartilage loss over the superior acetabulum with a deep contrast filled fissure. Findings were consistent with proximal iliotibial band friction syndrome, and possible remote high-grade sprain of the ligamentum teres. The 2/2/15 treating physician report cited continued right anterior hip pain, increased with activity, weather changes, and lifting away from the body. Physical exam documented normal hip abduction and flexion strength, painful limited range of motion, normal gait, and positive Fabere's test. X-rays showed a pincer lesion and isolated chondral lesion. The treatment plan requested right hip arthroscopy with synovectomy, femoroplasty, and microfracture acetabulum, with associated surgical services. The 2/26/15 utilization review certified the request for right hip surgery with assistant surgeon, pre-operative testing, crutches, and post-op physical therapy. The request for Game Ready unit for 14 days rental was modified to 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game ready 14 days rental, per (02/19/2015): 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 & Leg.

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: Cold compression therapy; Continuous flow cryotherapy; Game Ready accelerated recovery system.

Decision rationale: The California MTUS is silent regarding cold compression units. The Official Disability Guidelines state that cold compression therapy is an option after lower extremity surgery. In general, guidelines recommend continuous flow cryotherapy systems for up to 7 days post-operative use. The 2/26/15 utilization review decision modified the request for 14-day rental of a cold compression unit to 7-day rental. There is no compelling reason to support the use of additional cold therapy beyond that already certified. Therefore, this request is not medically necessary.