

Case Number:	CM15-0047398		
Date Assigned:	03/19/2015	Date of Injury:	12/22/2009
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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: Minnesota, Florida
 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 55-year-old male with a date of injury of 12/22/2009. He is 6 feet 3 inches tall and weighs 240 pounds. On that day, he was pushing a wheelbarrow of cement and twisted his left ankle and hyperextended his left hip as he tried to catch himself from falling and doing the splits. He had immediate pain in his ankle and hip. The pain in his ankle subsided but he continued to experience increasing pain in the hip. In 2012, a total hip replacement was recommended for advanced osteoarthritis. X-rays of the left hip dated 5/17/2012 revealed advanced degenerative change. There was an old ununited fracture versus accessory ossicle and/or degenerative fragmentation along the lateral margin of the superior acetabulum. A request for total hip arthroplasty was certified by utilization review. The disputed issues pertain to associated requests for preoperative lab, cryotherapy, and compression device that were modified or noncertified by utilization review. This has been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service cold therapy unit, 14 day rental: 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, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Hip and Pelvis, Topic: cryotherapy.

Decision rationale: ODG guidelines recommend continuous flow cryotherapy as an option after surgery. It reduces pain, swelling, and inflammation and the need for narcotics after surgery. The recommended use is for 7 days after surgery including home use. The request as stated is for a 14-day rental, which is not supported by guidelines, and as such, is not medically necessary.

Associated surgical service deep vein thrombosis (DVT) compression device, 14 day rental:
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 Chapter, Lymphedema pumps.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Hip and Pelvis, Topic: Venous thrombosis.

Decision rationale: ODG guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Current evidence suggests venous thrombosis prophylaxis is needed for in-patients undergoing many orthopedic, general and cancer surgery procedures and should be given for at least 7-10 days. In addition, prolonged prophylaxis for 4-5 weeks also shows a net clinical benefit in the high-risk patients and procedures. Although mechanical methods do reduce the risk of deep vein thrombosis, there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal PE, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. Stockings are recommended for prevention of venous thromboembolism except in stroke patients. The newer oral anticoagulants Rivaroxaban and dabigatran are indicated as treatment options for specific indications, namely hip and knee replacement surgery. The documentation indicates that a request for oral anticoagulants has been certified. As such, mechanical methods such as the requested 14 day rental of a compression device are not medically necessary.

Preoperative labs, blood: 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), Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative Testing, Lab.

Decision rationale: The ODG criteria for preoperative laboratory testing include electrolytes and creatinine testing in patients with underlying chronic disease or those taking medications that predispose them to electrolyte abnormalities or renal failure, random glucose testing in patients at high risk of undiagnosed diabetes, A1c testing in patients with diagnosed diabetes only if the results would change perioperative management, a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated, and coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. The documentation provided does not indicate any comorbidities that would necessitate additional testing beyond the CBC, CMP, PT, and PTT that has been certified by utilization review. Additional testing is not supported by guidelines, and is not medically necessary.