

Case Number:	CM15-0049668		
Date Assigned:	03/23/2015	Date of Injury:	12/12/2009
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 12/12/09. The injured worker was diagnosed as having right hip pain and hip arthritis. Treatment to date has included rest, activity modification, analgesics and anti-inflammatories. Currently, the injured worker complains of severe right pain with walking more than a block along with stiffness, swelling, pain at rest and pain at night. On physical exam it is noted there is stiffness of bilateral hips right worse than left. The treatment plan on the progress note dated 11/26/14 was for total hip replacement with IPC therapy for deep vein thrombus prophylaxis for 28 days post operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4W/DVT cold compression DOS 2/9/15 to 3/8/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hip chapter pg 12, knee chapter pg 17.

Decision rationale: According to the guidelines, 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 usage; for those who are high risk for venous embolism, anticoagulation is recommended. The length of use for cryotherapy type compression is up to 7 days post-op. In this case, the Vascutherm requested is not the 1st line approach for VTE prophylaxis and is not recommended beyond a week. The request for 4 weeks of Vascutherm cold compression is not medically necessary after hip replacement.