

<b>Case Number:</b>	CM15-0052156		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 58-year-old male who sustained an industrial injury on 9/6/12. Injury occurred when he slipped and fell while carrying objects down a stair, landing on his right lower back, buttock and hip. Past surgical history was positive for an open reduction and internal fixation of the right hip for fracture dislocation in approximately 1969. He underwent right hip surgery on 1/26/15 for removal of fixation pin followed by total hip replacement and cerclage fixation of the femoral neck. An intermittent pneumatic cold compression therapy unit was used for 7 days post-op. The injured worker was discharged from the hospital on 1/31/15. The 2/4/15 orthopedic report documented the injured worker was doing well with markedly improved symptoms. Physical exam documented the right hip incision was healing well and the sutures were removed and replaced with Steri-Strips. There were no post-operative complications documented, including no exam findings suggestive of lower extremity deep vein thrombosis. The treatment plan recommended touch down weight bearing using a front wheeled walker and continued abduction pillow while in bed. Authorization was requested for an extension of the use of the intermittent pneumatic cold compression therapy (Game Ready) unit for 14 additional days to help with post-op pain and inflammation. The 3/10/15 utilization review denied the request for a 14-day extension of the cold compression unit as there was no compelling reason to support continued use of the unit beyond guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative durable medical equipment (DME) intermittent pneumatic compression cold therapy unit, 14 day use extension: 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-TWC), Integrated Treatment/Disability Duration Guidelines, Hip & Pelvis (Acute & Chronic); Cryotherapy: See the Knee Chapter; Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis: Cryotherapy; Venous Thrombosis; Knee and Leg: Continuous flow cryotherapy; Cold compression therapy; Game Ready accelerated recovery system; Venous Thrombosis.

**Decision rationale:** The California MTUS guidelines are silent with regard to the requested durable medical equipment. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guidelines indicate mechanical compression should be utilized for total hip arthroplasty for all patients in the recovery room and during the hospital stay. Continuous flow cryotherapy is recommended as an option for up to 7 days following lower extremity surgery. In general, the ODG does not recommend the use of combined cold and compression units as there is no published high quality studies on these units. Guideline criteria have not been met. There is no compelling reason to support additional certification of an intermittent pneumatic cold compression therapy unit in the home setting. There is no complications noted and the patient is ambulatory with a walker. Therefore, this request is not medically necessary.