

<b>Case Number:</b>	CM15-0053175		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	12/06/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 44-year-old who has filed a claim for chronic neck, hip, and low back pain reportedly associated with an industrial injury of December 6, 2008. In a Utilization Review report dated March 12, 2015, the claims administrator approved a request for a hip arthroscopy procedure, partially approved a cold therapy unit as a seven-day rental of the same, denied an EKG, and denied a chest x-ray. A January 15, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. In a February 26, 2015 progress note, the applicant reported ongoing complaints of hip pain, exacerbated by sitting, standing, and other daily activities. Positive signs of impingement about the hip were appreciated on exam. The applicant was given diagnosis of a labral tear. A hip arthroscopy procedure was proposed. In a progress note dated January 16, 2015, the attending provider sought authorization for a hip arthroscopy, preoperative laboratory testing, EKG, a chest x-ray, and a cold therapy device. The applicant's medical history was not, however, detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy ice unit with pads, right hip , Qty: 14.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Continuous-flow cryotherapy.

**Decision rationale:** No, the request for a cold therapy unit with pads, 14 day rental, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. ODG's Hip Chapter Cryotherapy topic suggests referable to the ODG Knee Chapter Cryotherapy topic, which, in turn, influenced the ODG Knee Chapter Continuous-flow Cryotherapy topic, which states that postoperative cryotherapy should be limited to seven days of home usage. Here, however, the request for 14 days of cryotherapy, thus, in fact, represented treatment in excess of ODG parameters. The attending provider failed to proffer a compelling applicant-specific rationale for such treatment. Therefore, the request was not medically necessary.

**EKG, Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#showall> Preoperative Testing Author: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MDECG in patients undergoing high-risk surgery (eg, vascular surgery) or intermediate-risk surgery and with at least one risk factor.

**Decision rationale:** Similarly, the request for EKG testing was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While Medscape's Preoperative Testing article notes that EKG testing is recommended in applicants undergoing high-risk surgery or intermediate risk surgery with at least one risk factor, in this case, however, the applicant was undergoing a relatively uncomplicated, low-risk procedure in the form of a knee arthroscopy. There was no mention of the applicant's having any cardiac or vascular risk factors. Therefore, the request was not medically necessary.

**Chest X-ray, Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#showall> Preoperative Testing Author: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD Accordingly, routine CXR is recommended only for patients older than 60-70 years unless underlying heart or lung disease is a possibility.

**Decision rationale:** Finally, the request for a chest x-ray was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted by Medscape, routine chest x-ray testing is recommended preoperatively only in those applicants who are aged 60-70 years of age unless underlying heart or lung disease is a possibility. Here, the applicant was 44 years of age. There was no mention of the applicant having suspected cardiac and/or pulmonary disease. Therefore, the request was not medically necessary.