

Case Number:	CM15-0053738		
Date Assigned:	03/27/2015	Date of Injury:	07/01/2012
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	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: 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 69-year-old female who sustained an industrial injury on 7/01/12, relative to a trip and fall. She sustained a left femoral neck fracture which was treated non-operatively. The 2/5/14 left hip MR arthrogram impression documented a linear full thickness tear of the anterior/superior labrum. This study was reported slightly limited due to anterior extravasation of contrast. The 2/2/15 treating physician report cited chronic daily left hip and groin pain that is exacerbated by activity and prolonged sitting. Physical exam documented normal gait, mild iliopsoas tenderness, and mild limitation in left hip internal rotation, external rotation, and abduction. There was normal hip strength. FABER and FADDIR tests were positive. X-rays showed normal anatomic alignment, slightly diminished joint spaces, and no signs of calcification. There was evidence of previous fracture and early osteoarthritis. The diagnosis was right hip early osteoarthritis, degenerative labral tear, and status post femoral neck fracture treated non-operatively. The treatment plan recommended a short course of non-steroidal anti-inflammatory drugs and icing. Operative request on 2/25/15 noted a request for right hip arthroscopy with labral debridement versus repair of possible osteoplasty. The treating physician requested associated surgical services of a ten day rental of continuous passive motions (CPM) device for post-operative use, fourteen day rental of Game Ready device with purchase of pad, and a purchase of a Pedlar, but the documentation provided did not indicate the specific reason for the request of these devices. The 3/7/15 utilization review non-certified the request for 10-day rental of a CPM device as there were no compelling and overriding reasons provided to support this device in the absence of guideline support. The request for 14-day rental

of the Game Ready device was non-certified as there was no guidelines support for use in the requested surgery. The request for the Pedlar was non-certified as there was no medical necessity for the use of this device and at home alternatives could be used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 10 day rental of continuous passive motions (CPM) device for left hip: 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), Hip-CPM; Knee section-Game Ready accelerated recovery system.

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: Continuous passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for this device following hip surgery. The Official Disability Guidelines recommend the use of continuous passive motion (CPM) devices in the home for up to 17 days for patients who have undergone primary or revision total knee arthroplasty. There is no guideline support for the routine or prophylactic use of a CPM unit following hip arthroscopy. Pre-operatively, the patient was reported with only mild loss range of motion. There is no compelling reason to support the medical necessity of CPM for this patient. Therefore, this request is not medically necessary.

Associated Surgical Service: 14 day rental of Game Ready device with purchase of pad: 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), Hip-CPM; Knee section-Game Ready accelerated recovery system.

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; Knee and Leg: Game Ready accelerated recovery system.

Decision rationale: The California MTUS are silent regarding cold compression therapy. The Official Disability Guidelines indicate that the Game Ready device is an option following knee surgery. There is no evidence of improved clinical post-operative outcomes for patients using an active cooling and compression device over those using ice bags and elastic wrap after upper extremity surgery. There is no support for continuous flow cryotherapy over standard ice packs for the proposed surgery. There is no compelling reason in the records reviewed to support the medical necessity of a mechanical cold system over standard cold pack in the absence of demonstrated improved clinical efficacy. Therefore, this request is not medically necessary.

Purchase of Pedlar for post-operative use left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The California MTUS supports the use of exercise for patients in the post-operative period. Exercise programs are reported superior to treatment programs that do not include exercise. Guidelines state that there is no sufficient evidence to support the recommendation of any particular exercise regime over any other exercise regime. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of this exercise device over an individualized home exercise program designed by the patient's physical therapist. Therefore, this request is not medically necessary.