

Case Number:	CM15-0245534		
Date Assigned:	12/28/2015	Date of Injury:	07/01/2012
Decision Date:	01/29/2016	UR Denial Date:	12/04/2015
Priority:	Standard	Application Received:	12/17/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 70 year-old female, who sustained an industrial injury on 7-1-12. The injured worker is diagnosed with left hip labral tear and pain, abnormal gait, left femoral neck fracture (healed), and left hip degeneration due to trauma. Her work status is temporary total disability. A note dated 11-16-15 reveals the injured worker presented with complaints of left hip and groin pain. A physical examination dated 11-16-15 revealed an altered gait. An examination of the left hip reveals muscle wasting, tenderness to palpation and decreased range of motion. The FADDIR test is positive. Treatment to date has included crutches for stability. Diagnostic studies include left hip x-rays, which revealed early osteoarthritis, per physician note dated 11-16-15. The left hip MRI reveals edema (large) and gluteus medius tearing, degenerative labral tear and early degenerative changes, per physicians note dated 11-16-15. A request for authorization dated 11-16-15 for an ice machine rental for 14 days is modified to 7 days, per Utilization Review letter dated 12-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of Ice Machine for 14 Days: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis, cryotherapy; Knee, cold packs.

Decision rationale: CA-MTUS is silent regarding this specific topic, so the ODG was used as a primary reference. ODG states, "Recommended. Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis." and further, "Recommended as an option after surgery, but not for non-surgical 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; however, the effect on more frequently treated acute injuries (e.g. muscle strains and contusions) has not been fully evaluated." The available medical record does not make it completely clear if this is for surgical recovery but assuming that is the case, even in the situation surgical recovery the maximum time authorized would be 7 days. As such, the request for Rental of an Ice Machine for 14 Days is deemed not medically necessary.