

Case Number:	CM14-0117863		
Date Assigned:	08/06/2014	Date of Injury:	01/03/2008
Decision Date:	10/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male who has submitted a claim for pain in joint, pelvic region and thigh; associated with an industrial injury date of 01/03/2008. Medical records from 2013 to 2014 were reviewed. The patient complained of progressively worsening left hip pain radiating to the groin and the knee. Physical examination revealed limited range of motion specifically internal and external rotation of the hip, causing pain. Treatment to date has included oral medications and physical therapy. Patient has been approved by a utilization review dated 06/16/2014 for left direct anterior approach total hip replacement. Utilization review from 07/17/2014 denied the request for Vascu Therm with DVT prevention & intermittent hot/cold compression x 30 days because evidence based guidelines do not consistently support the use of hot/cold therapy contrast systems with the management of the cited injury/condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascu Therm with DVT prevention & intermittent hot/cold compression x 30 days:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline, Cinahl The Cochrane Library

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg

Chapter, Game Ready Accelerated Recovery System 2014 X Other Medical Treatment
Guideline or Medical Evidence: Specialized Orthopedic Solutions, Vascutherm
<http://www.sosmedical.net/products/featured-products/vascutherm/>

Decision rationale: An online search shows that VascuTherm provides heat, cold, compression, and DVT prophylaxis therapy. It is indicated for pain, edema, and DVT prophylaxis for the post-operative orthopedic patient. CA MTUS does not specifically address Vascutherm units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Game Ready accelerated recovery system is recommended as an option after surgery. The Game Ready system combines continuous-flow cryotherapy with the use of vasocompression. There are no published high quality studies on the Game Ready device or any other combined system. In this case, the patient is 50 years old and has been certified for total hip replacement surgery by a UR dated 06/16/2014. DVT prophylaxis may be needed in this case. However, there is no documentation that the patient will be unable to walk or have limited mobility for prolonged periods of time to necessitate DVT prophylaxis for 30 days combined with heat and cold therapy. Therefore, the request for Vascu Therm with DVT prevention & intermittent hot/cold compression x 30 days is not medically necessary.