

Case Number:	CM14-0165258		
Date Assigned:	10/10/2014	Date of Injury:	04/09/2010
Decision Date:	11/14/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 injured worker is a 57-year-old female with a date of injury of 4/9/2010. The injury occurred while she was trying to break up a fight between two minors. Past surgical history was positive for left hip arthroscopy on 9/21/12. Past medical history was positive for hypertension and smoking. The 8/11/14 orthopedic report cited a long history of left hip osteoarthritis. Physical exam documented hip range of motion as flexion 100, internal rotation 5, and external rotation 40 degrees with pain in flexion and internal rotation. The injured worker walked with an antalgic gait and used a cane for ambulation. X-rays showed degenerative changes with joint space narrowing, sclerosis, and osteophytes. A left total hip replacement had been authorized and was scheduled for 9/30/14. Additional requests were noted for pre-op clearance, Lovenox for deep vein thrombosis (DVT) prophylaxis, home and out-injured worker physical therapy, and an ice machine. The 9/17/14 pre-operative clearance report documented normal electrocardiogram (EKG), spirometry and hemodynamic studies. Lab testing and chest x-ray were within normal limits. Echocardiogram findings documented an ejection fraction of 60%, left ventricular hypertrophy, and mitral valve prolapse. She was classified as Goldman Class 1 and cleared for the proposed surgery. The 10/7/14 utilization review modified the request for a cold compression unit for 30 day rental to 7 day rental of a continuous flow cryotherapy unit based on guidelines for continuous flow cryotherapy and deep vein thrombosis (DVT) prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Contrast cold compress times 30 days rental and contrast cold comp pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter, Cryotherapy (see the Knee Chapter)

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, Continuous-flow cryotherapy, Hip and Pelvis, Cold compression therapy and Hip and Pelvis, Venous thrombosis

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) are silent regarding cold compression therapy following total hip replacement. The Official Disability Guidelines 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 both total hip and knee arthroplasty for all injured workers in the recovery room and during the hospital stay. In general, guidelines recommend continuous flow cryotherapy systems for up to 7 days post-operative use. The 10/7/14 utilization review modified the request for a cold compression unit for 30 day rental to 7 day rental of a continuous flow cryotherapy unit. The injured worker is scheduled to be in the hospital for 3 days and post-operative anticoagulation has been requested. There are limited deep vein thrombosis (DVT) risk factors identified for this injured worker. There is no compelling reason in the medical records to support the medical necessity of this device beyond guideline recommendations. Therefore, this request is not medically necessary.