

Case Number:	CM14-0099383		
Date Assigned:	09/12/2014	Date of Injury:	08/13/2013
Decision Date:	10/06/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Management and Rehabilitation, 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:

This 59 year-old patient sustained an injury on 8/13/13 while employed by [REDACTED]. Request(s) under consideration include 30 days Vascutherm Cold compression Unit; Compression Wrap and 30 days Hip CPM; Soft goods. Report of 4/4/14 from the provider noted the patient had ongoing persistent left hip pain interfering with sleep and activities. Exam showed limping gait; tenderness over left hip anterior groin area with crepitation; restricted and painful range of motion. Treatment included left hip arthroplasty scheduled for 6/3/14 with post-op CMP, Vascutherm cold compression unit; raised toilet seat, and walker. The request(s) for 30 days Vascutherm Cold compression Unit was non-certified and Compression Wrap and 30 days Hip CPM; Soft goods was modified for 21 days hip CPM on 6/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 days Vascutherm Cold compression Unit; Compression Wrap: 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) Knee and Leg 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 Chapter,

page 292: Continuous-flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use.

Decision rationale: This 59 year-old patient sustained an injury on 8/13/13 while employed by [REDACTED]. Request(s) under consideration include 30 days Vascutherm Cold compression Unit; Compression Wrap and 30 days Hip CPM; Soft goods. Report of 4/4/14 from the provider noted the patient had ongoing persistent left hip pain interfering with sleep and activities. Exam showed limping gait; tenderness over left hip anterior groin area with crepitation; restricted and painful range of motion. Treatment included left hip arthroplasty scheduled for 6/3/14 with post-op CMP, Vascutherm cold compression unit; raised toilet seat, and walker. The request(s) for 30 days Vascutherm Cold compression Unit was non-certified and Compression Wrap and 30 days Hip CPM; Soft goods was modified for 21 days hip CPM on 6/6/14. Per manufacturer, the vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient was schedule for left hip surgery. The provider has requested for this vascutherm hot/cold compression unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of vascutherm cold/heat compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The 30 days Vascutherm Cold compression Unit; Compression Wrap is not medically necessary and appropriate.

30 days Hip CPM; Soft goods: 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 and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip (see Knee), Continuous Passive Motion (CPM), pages 292-294

Decision rationale: This 59 year-old patient sustained an injury on 8/13/13 while employed by [REDACTED]. Request(s) under consideration include 30 days Vascutherm Cold compression Unit; Compression Wrap and 30 days Hip CPM; Soft goods. Report of 4/4/14 from the provider noted the patient had ongoing persistent left hip pain interfering with sleep and activities. Exam showed limping gait; tenderness over left hip anterior groin area with crepitation; restricted and painful range of motion. Treatment included left hip arthroplasty scheduled for 6/3/14 with post-op CMP, Vascutherm cold compression unit; raised toilet seat, and walker. The request(s) for 30 days Vascutherm Cold compression Unit was non-certified and Compression Wrap and 30 days Hip CPM; Soft goods was modified for 21 days hip CPM on 6/6/14. Although guidelines do not recommend routine home use of CPM as it has minimal benefit, it does support continuous passive motion (CPM) combined with PT as studies have

shown some beneficial results compared to PT alone in the short-term rehabilitation following specific surgery up to 21 consecutive days post-surgery in patients at risk for stiffness during immobility or non-weight bearing status. Submitted reports have not demonstrated specific indication, extenuating circumstance, or co-morbidities to allow for further use outside the recommendations of the guidelines. The 30 days Hip CPM; Soft goods is not medically necessary and appropriate.