

Case Number:	CM15-0129895		
Date Assigned:	07/16/2015	Date of Injury:	07/30/1993
Decision Date:	09/15/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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: Montana, Oregon, Idaho
 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 56 year old female, who sustained an industrial injury on 7/30/1993. The current diagnosis is osteoarthritis of hip. According to the progress report dated 6/18/2015, the injured worker complains of three years of intermittent, sharp, achy left groin and buttocks pain. The pain is rated 7/10 on a subjective pain scale. The physical examination reveals tenderness over the sacroiliac joint and greater trochanter, positive impingement sign, and restricted range of motion. The current medications are Methadone, Lidoderm patch, and Lyrica. Treatment to date has included medication management, x-rays, home exercise program, and intra-articular left hip injection. X-ray of the left hip showed severe degenerative joint disease. As of 5/4/2015, work status was permanent and stationary. The plan of care includes a total left hip arthroplasty. Therefore, a request for associated surgical services was requested, which includes cold therapy unit, continuous passive motion, home health nursing, and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: cold therapy unit: 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) Knee & Leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. ODG guidelines for cold therapy following total hip arthroplasty refer to the knee and leg guidelines. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the request is not medically necessary.

Associated surgical service: continuous passive motion: 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is recommended for in hospital use. The use of CPM for home use has minimal benefit per the guidelines. In this case, the request is for an unspecified amount of days and does not indicate whether it is for inpatient or outpatient use. Therefore the request is not medically necessary.

Associated surgical service: Home health nursing: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 6/18/15 or 7/1/15 that the patient is home bound or unable to care for herself. Nursing services are not required for self-reliant patients with uncomplicated surgical incisions. The documentation lists only CRPS, depression, hypertension and chronic pain as medical comorbidities. There are no other substantiating reasons why home health services are required. Therefore the request is not medically necessary.

Associated surgical service: Physical therapy for 2 weeks following surgery followed by 8 weeks of outpatient physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: According to the CA MTUS Postsurgical Treatment Guidelines, page 23, 18 physical therapy visits over 12 weeks are recommended for surgical treatment of hip osteoarthritis. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. As the request does not specify a specific number of postoperative physical therapy visits the request is not medically necessary.