

Case Number:	CM15-0168924		
Date Assigned:	09/14/2015	Date of Injury:	02/11/2009
Decision Date:	12/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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: California, Indiana, Oregon
 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 70 year old male, who sustained an industrial injury on 2-11-09. The documentation noted that the injured worker has complaints of left hip pain and was to have left hip surgery. The diagnoses have included sprains and strains of hip and thigh. Treatment to date has included left total hip arthroplasty on 7-24-15; left hip intrarticular joint injection; corticosteroid injection and synvisc injections of right knee. Left knee magnetic resonance imaging (MRI) on 3-10-15 revealed narrowed medial and lateral femorotibial joint spaces with thinning of the femoral condyle and tibial plateau cartilages and the body is extruded, horizontal linear increased signal in the posterior horn which extends to the inferior articular surface. Right hip magnetic resonance imaging (MRI) on 3-10-15 showed metallic susceptibility artifact at the right distal femur and acetabular regions with moderate geographic distortion and the visualized bony structures, nerves, vessels and soft tissues, muscle, tendons appear unremarkable. Right knee magnetic resonance imaging (MRI) on 3-10-15 revealed narrowed medial and lateral femorotibial joint spaces with partial thickness cartilage loss of the articular surfaces, medial compartment subchondral bone erosions and lateral tibial plateau bone marrow edema. Left hip X-ray on 3-10-15 revealed degenerative enthesophytes off the ilium and greater trochanter of femur and acetabular rim sclerosis with associated hip joint space narrowing. The original utilization review (8-4-15) modified the request for vascultherm (4 week rental) to cold therapy unit for up to 7 days. The request for front wheeled walker (purchase) was non-certified. The request for 3 in 1 commode (purchase); reacher and grabber and hip garment (purchase and deep vein thrombosis calf wrap times 2 (purchase) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm (4 week rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of vascutherm devices. According to the Forearm, Wrist and Hand section of ODG, Vasopneumatic devices, its use is recommended as an option to reduce edema after acute injury. In this case there is no evidence of acute injury. Therefore, the determination is for non-certification of the requested Vascutherm rental. The request is not medically necessary.

Front wheeled walker (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

Decision rationale: CA MTUS/ACOEM is silent on walker use after knee arthroscopy. ODG knee is referenced. Walker use in lieu of a cane is best indicated in patients with bilateral disease. Per ODG Knee/Leg, the use of Durable Medical Equipment (DME) is intended to relieve pain in arthritis and can be recommended. However, the DME definition in the same section states that DME is durable and could normally be rented and used by successive patients. Based on the above, the request for the purchase is not medically necessary.

3 in 1 commode (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

Decision rationale: CA MTUS/ACOEM is silent on the use of shower chairs post operatively. ODG knee is referenced. Typically, DME can be recommended, however it is note that most bathroom and toilet supplies do not typically serve a medical purpose and are primarily for convenience. Based on this the request is not medically necessary.

Reacher /grabber: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

Decision rationale: CA MTUS/ACOEM is silent on the use of shower chairs post operatively. ODG knee is referenced. Typically, DME can be recommended, however it is note that most bathroom and toilet supplies do not typically serve a medical purpose and are primarily for convenience. Based on this the request is not medically necessary.

Hip garment (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this case, the use of a compression device in the leg to reduce the risk of DVT is indicated, but compression at the operative site by garment is not medically necessary.

DVT calf wrap x2 (purchase): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this case, the use of compression calf wraps to prevent DVT is in keeping with guidelines and is medically necessary.