

Case Number:	CM15-0175702		
Date Assigned:	09/17/2015	Date of Injury:	06/07/2013
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male who sustained an industrial injury on 6-7-2013. A review of medical records indicates the injured worker is being treated for status post hip arthroscopy with labral debridement and trochanteric bursectomy right hip. Medical records dated 8-7-2015 indicate the injured worker is eight weeks status post hip arthroscopy. He has been attending physical therapy and was tolerating advancing activities. Physical examination dated 8-7-2015 noted incisions were healed. Hip internal rotation was to 30 degrees with mild discomfort. Straight leg raise and palpation of the lateral thigh produced no discomfort. Medical records dated 6-15-2015 noted hip internal rotation was to 20 degrees with moderated discomfort. Treatment has included injection, physical therapy for at least 6 sessions, and aqua therapy for at least five sessions. Utilization review form dated 9-2-2015 non-certified Vascutherm, daily rental, right hip, compression therapy pad, purchase, EMS unit purchase, right hip, electrodes per pack purchase, and postoperative physical therapy 2 times weekly, right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 14 day rental for the right hip: 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 & Pelvis, Vasopneumatic devices.

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.

Decision rationale: The MTUS did not address the use of continuous flow / compression cryotherapy, therefore other guidelines were consulted. Per the ODG, it is "recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. (Hubbard, 2004) (Morsi, 2002) (Barber, 2000) The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. A review of the injured workers medical records reveal that the injured worker is status post hip surgery and may have benefited from the use of the unit, however the request exceeds the 7 day guideline recommendations and the guidelines also state that they are not necessarily any better than regular ice packs, therefore the request for Vascutherm 14 day rental for the right hip is not medically necessary.

Compression therapy pad 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 (ODG), Knee & Leg, Compression garments.

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.

Decision rationale: The MTUS did not address the use of continuous flow / compression cryotherapy, therefore other guidelines were consulted. Per the ODG, it is "recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. (Hubbard, 2004) (Morsi, 2002) (Barber, 2000) The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. A review of the injured workers medical records reveal that the injured worker is status post hip surgery and may have benefited from the use of the unit, however the request exceeds the 7 day guideline recommendations and the guidelines also state that they are not necessarily any better than regular ice packs, therefore the request for Vascutherm 14 day rental for the right hip and the associated compression therapy pad purchase is not medically necessary.

EMS unit purchase for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per the MTUS, transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records did not reveal a one-month trial with the appropriate documentation as recommended by the MTUS and without this information the request is not medically necessary.

4 electrodes packs purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per the MTUS, transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records did not reveal a one month trial with the appropriate documentation as recommended by the MTUS and without this information medical necessity is not established. Therefore, the associated request for 4 electrodes packs purchase is not medically necessary.

Postoperative physical therapy 2 times a week for 6 weeks for the right hip: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur).

Decision rationale: Per the MTUS, post surgical treatment guidelines "a therapy program that starts immediately following hip surgery allows for greater improvement in muscle strength, walking speed and functional score. The guidelines recommend up to 24 visits over a 6 month period. It would appear that additional physical therapy is within guideline recommendations, therefore the request for Postoperative physical therapy 2 times a week for 6 weeks for the right hip is medically necessary.