

Case Number:	CM15-0061085		
Date Assigned:	04/07/2015	Date of Injury:	05/05/2011
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/31/2015

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, Massachusetts

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 67 year old female, who sustained an industrial injury on 5/5/2011. She reported being hit by a car injuring her left hand/wrist and right hip. Diagnoses have included right hip pain secondary to fracture, contracture of joint of pelvic region and thigh and greater trochanteric bursitis. Treatment to date has included physical therapy and medication. The injured worker underwent a right total hip arthroplasty on 3/18/2015 and closed reduction on 3/21/2015. According to the progress note dated 2/24/2015, the injured worker complained of right hip pain. She reported six falls in the last month. The injured worker had a slowed gait; she used a walker. Exam of the left hip revealed tenderness of the thigh. She was awaiting hip surgery. Authorization was requested for rental of a vascultherm deep vein thrombosis (DVT) unit for seven days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascultherm DVT unit for thirty day rental: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless' Textbook of Orthopaedics (2012); DVT/PE Prophylaxis in THR.

Decision rationale: The patient is status post traumatic injury to the right hip which resulted in fracture of the right hip and contracture of the pelvic region. She is status post right total hip arthroplasty and closed reduction on 3/21/15. The history of trauma, surgery of the hip and age of 66, puts the patient at a heightened risk of DVT. The proposed intervention of vascutherm DVT unit is appropriate and necessary prevention of DVT in this high risk patient. The peer reviewer report denied the request without a rationale given and cited an unrelated guideline having to do with cryotherapy, stating that "cryotherapy is only recommended up to 7 days". This guideline and determination is not related to the requested treatment of DVT prevention and the patient's clinical condition. The requested treatment is medically necessary.