

Case Number:	CM15-0064459		
Date Assigned:	04/10/2015	Date of Injury:	10/05/2000
Decision Date:	05/14/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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: Illinois, California, Texas
 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 65-year-old female who sustained an industrial injury on 10/05/00. The mechanism of injury was not documented. The 2/25/15 treating physician report cited moderate right hip and knee pain. Functional difficulty was noted in ordinary activity and work. She ambulated with a power scooter. Physical exam documented subluxation of the right hip prosthesis. Physical therapy was stoooped due to the unstable right hip prosthesis. The treatment plan requested revision of the right hip acetabulum due to subluxation. The 3/16/15 utilization review certified the requests for revision of right total hip, PA surgical assistant, 3-night stay, home health evaluation, home health physical therapy 3x3, 12 Lovenox 40 mg injections, one commode, front wheel walker rental, and one post-op visit. The request for two-week rental of a cold compression unit was modified to a 7-day rental of a cold compression unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold compress unit rental for 2 weeks: 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 Chapter, Continuous-Flow Cryotherapy Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis: Cryotherapy; Knee and Leg: Continuous flow cryotherapy; Cold Compression Therapy; Game Ready accelerated recovery system.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines generally recommend continuous flow cryotherapy for 7 days following lower extremity surgery. Guidelines state that there are no published high quality studies on the Game Ready device or any other combined cold and compression system to support the increased efficacy over cryotherapy alone. The 3/16/15 utilization review modified the request for two-week rental of a cold compression unit to a 7-day rental of a cold compression unit. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.