

Case Number:	CM15-0067760		
Date Assigned:	04/15/2015	Date of Injury:	10/07/2013
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/09/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 59 year old male who sustained an industrial injury on 10/7/13. The injured worker reported symptoms in the left hip. The injured worker was diagnosed as having left hip labral tear, left hip gluteus medius and minimus tendons and left hip pain. Treatments to date have included injections, cane, and oral pain medication. Currently, the injured worker complains of left hip pain. The plan of care was for durable medical equipment, physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative bracing: 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: Low back, Lumbar & Thoracic, Back Brace, postoperative Official Disability Guidelines: Hip & Pelvis Brace.

Decision rationale: There is lack of evidence supporting the use of post-operative braces .A standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). A brace for the hip and pelvis is recommended as an option in conservative treatment of sacroiliac joint dysfunction. In this case documentation in the medical record does not support the diagnosis of sacroiliac dysfunction. Post-operative hip brace is not recommended. The request is not medically necessary.

Post-operative DME: Rental of Cold Therapy Unit (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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & leg, Continuous-flow cryotherapy.

Decision rationale: Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical 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 (eg, 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. In this case the requested duration of 2 weeks treatment surpasses the recommended duration of 7 days of treatment. The request is not medically necessary.

Post-operative physical therapy 2x8 (16 sessions) for the left 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).

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

Decision rationale: The post-surgical treatment for osteoarthritis and allied disorders is 18 visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Initial recommended course of therapy is 9 visits. Remainder of therapy is recommended if there is functional improvement with the initial course of therapy. The initial course of therapy would be 9 visits. In this case the requested number of 16 visits surpasses the number of 9 recommended for clinical trial to determine functional improvement. The request is not medically necessary.