

Case Number:	CM13-0016933		
Date Assigned:	10/11/2013	Date of Injury:	09/18/2011
Decision Date:	01/23/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 56-year-old male who sustained an injury to his left knee on September 18, 2011. The records for review include a recent August 21, 2013 assessment with treating physician [REDACTED] citing continued complaints of pain about the left knee. It states he recently recommended left knee total joint replacement; however, that had been denied by the insurance carrier. The appeal letter states the claimant is with tricompartmental degenerative change noted on radiograph and MRI scan. It cites the claimant has failed conservative care and continues to be symptomatic. It indicates the claimant's body mass index is less than 35 with examination showing crepitation, +2 effusion, medial and lateral joint line tenderness and the required use of an assistive ambulatory device. There is a request for joint arthroplasty, post-operative physical therapy, pre-operative MRI scan, four-week use of a Game Ready® device, three-day in-patient length of stay, and pre-operative testing including a urinalysis, chemistry panel, radiograph, electrocardiogram and preoperative physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Game Ready, x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Game Ready's accelerated recovery system

Decision rationale: Based on the Official Disability Guidelines (as California MTUS/ACOEM Guidelines are silent), the request for a Game Ready device is not indicated. Game Ready devices or any combination therapy device is not supported with randomized clinical trials to demonstrate efficacy in the long-term setting. Specific to knee replacement procedures there is no support for cryotherapy devices and/or combined units offering cold and compression therapy. As there is no evidence-based support for the requested Game Ready device, it cannot be recommended as medically necessary.