

<b>Case Number:</b>	CM13-0026401		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/29/1997
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Arizona. 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:

This is a 61-year-old male with a history of severe degenerative arthritis of the right knee. Preoperatively, a request was made to approve a device called Game Ready which produces cold and compression. This was to be used for 14 days postoperatively on his right knee; utilization review denied the request. The patient subsequently underwent a total knee arthroplasty on 9/16/2013. This review is to determine whether game ready was medically necessary following total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Game ready unit with articulated knee wrap, right for a 14 day rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, Continuous Flow Cryotherapy.

**Decision rationale:** This device is not covered in the MTUS guidelines but ODG covers it under continuous flow cryotherapy. "These devices are recommended as an option after surgery but not for nonsurgical treatment. They are generally used for 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. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery". There is still controversy whether active cryo-units are any better than passive cryo units. Compliance appears to be better with active units. The request was for a 14 day rental. ODG guidelines recommends use for up to 7 days, therefore, the medical necessity for renting a continuous flow cryotherapy unit for 14 days has not been established.