

Case Number:	CM13-0026997		
Date Assigned:	12/11/2013	Date of Injury:	01/13/2012
Decision Date:	01/30/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, 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 patient is a 39-year-old male who reported a work related injury on 01/13/2012 when his left foot slipped out from under him and a piece of concrete fell onto his leg. The patient underwent left knee arthroscopy on 06/27/2013. He had recurrent tears of the medial meniscus and the lateral meniscus, which were resected. The patient also had some mild chondromalacia which was debrided, as well as removal of a loose body from the intercondylar notch. The patient also underwent left shoulder surgery on 09/13/2012. He has undergone conservative treatment to include physical therapy sessions and injections. The request was made for retrospective contrast compression unit for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective contrast compression unit for the left knee, 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Cold compression therapy, Durable Medical Equipment.

Decision rationale: The Physician Reviewer's decision rationale: Recent clinical documentation submitted for review dated 07/12/2013 stated the patient had been steadily improving and he did not use crutches after surgery. He was also not taking any pain medication, with the exception of Mobic. The patient had been walking for exercise. Physical exam revealed the patient's wounds were healing nicely without signs of infection. Mild swelling was noted to the left knee with tenderness to palpation medially. Range of motion was from 0 degrees to 110 degrees and there was no significant calf tenderness or swelling. Official Disability Guidelines indicate that durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Official Disability Guidelines also state that, while there are studies on continuous flow cryotherapy, there are no published high quality studies on the game ready device or any other combined system which is recommended as an option after surgery. The game ready system combines continuous flow cryotherapy with the use of vasocompression. There was a lack of documentation stating the rationale for the medical necessity of the contrast compression unit for the patient's left knee. The results of the patient's surgery and the outcome were not noted before the use of the contrast compression unit. Given the above, the decision for retrospective contrast compression unit for the left knee, 30 day rental for DOS 6/27/2013 thru 7/26/2013 is non-certified..