

Case Number:	CM14-0002861		
Date Assigned:	01/29/2014	Date of Injury:	04/13/2012
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/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 injured worker is a 64 year old male who reported an injury on 04/13/2012. On 12/13/2013 the injured worker complained of pain in both knees. The objective findings included left and right knee patellar crepitus and tenderness as well as negative McMurray's and Lachman's tests in both knees. The injured workers diagnosis was degenerative joint disease of both knees, status post left and right knee arthroscopy, hypertension and elevated lipids. The treatment plan was for the injured worker to continue on Aleve, continue Lidoderm patches and Amitriptyline. A request for authorization for medical treatment is dated 12/17/2013 and included with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GAMEREDY UNIT RENTAL FOR (QTY = WEEKS) QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Intergrated Treatment/ Disability Duration 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 & Leg, Game Ready Accelerated Recovery System.

Decision rationale: The Official Disability Guidelines recommend this as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The injured worker's most recent clinical record indicates bilateral knee pain. The injured worker has had at least two arthroscopic knee surgery bilaterally. There was noted a request for left knee surgery and it was approved. The request is for a 1 week rental. Therefore, the request is medically necessary.