

Case Number:	CM14-0125719		
Date Assigned:	08/13/2014	Date of Injury:	10/26/2011
Decision Date:	09/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/08/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 41year old female with a reported date of injury to the left knee on 10/25/2011 when she fell in the parking lot and landed on her left knee. She subsequently had conservative care with physical therapy and steroid injection both without long term benefit. The claimant has discussed surgery for the medial joint pain from meniscus injury. The claimant is to undergo knee arthroscopy with partial medial meniscectomy. The request is for "Game-ready" cryotherapy unit for 28 days rental post op.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game ready unit knee wrap 28 days rental: 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 (ODG) Knee, continuous flow cryotherapy.

Decision rationale: It appears the claimant is to undergo knee surgery for medial compartment pain as a result of the alleged industrial injury. CAMTUS is silent with regards to postoperative DME. ODG another evidence based guideline holds that continuous flow cryotherapy may be

beneficial for the immediate post-operative period for 7 days. Its protracted use is NOT supported by ODG or other evidence based guidelines. There are no Randomized Clinical Trials (RCTs) to support its protracted use Therefore the 28 day rental as requested is not medically necessary.