

Case Number:	CM14-0129046		
Date Assigned:	08/18/2014	Date of Injury:	04/15/2012
Decision Date:	09/25/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 41-year-old male who reported an injury on 04/15/2012. On 06/08/2014, the injured worker presented with right knee pain. Upon examination of the right knee, the range of motion was zero to 135, with a negative pivot shift and 4/5 quad strength. EMG findings were negative for electrodiagnostic events of right peroneal and tibial mononeuropathy, peripheral polyneuropathy, and right lumbosacral radiculopathy. The study revealed an isolated decreased recruitment of the motor unit action potential (MUAP) with the right vastus medialis quadriceps muscle. Prior therapy included cortisone injection medications. The provider recommended a durable medical equipment (DME) Game Ready Unit. The provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Game Ready Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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, Game Ready Accelerated Recovery.

Decision rationale: The request for durable medical equipment (DME) Game Ready Unit is not medically necessary. The Official Disability Guidelines recommend Game Ready Units as an option after surgery, but not for nonsurgical treatment. The Game Ready system combines continuous flow cryotherapy with the use of vasocompression. While there are studies of continuous flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. The included documentation lacked evidence of a recent surgery the injured worker underwent to warrant the need for a Game Ready device as stated in the guideline recommendations. Additionally, the provider's request did not indicate the site that the Game Ready unit is indicated for in the request as submitted. As such, medical necessity has not been established.