

Case Number:	CM14-0135452		
Date Assigned:	08/29/2014	Date of Injury:	05/13/2012
Decision Date:	09/30/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 57 year old female who reported an injury on 05/13/2012. The mechanism of injury occurred when she fell while walking across loose gravel. Her diagnoses included tibialis tendinitis, enthesopathy of the ankle and tarsus, laxity ligament, abnormality of gait and synovium of the tendon and bursa. The past treatments included self-icing, medications, physical therapy, surgery, and Gratson. The diagnostic exams indicated in the clinical notes were an MRI on 07/10/2014 and an X-Ray on 01/27/2014. Her surgical history consisted of a right ankle surgery in November 2012. The exact procedure type was not reported but the surgical procedure encompassed the insertion of plate and fixation screws as noted in the MRI report. On 07/24/2014 she complained of pain with prolonged walking and right ankle pain despite physical therapy. She also reported considerable pain to the outside and inside aspect of her ankle with tingling and burning. The physical exam revealed a diminished right dorsalis pedis pulse, capillary refill less than 3 seconds, moderate pain to palpation posterior to the lateral malleolus, mild edema over the lateral malleolus and severe edema in the sinus tarsi. The findings also exposed valgus deviation of the hallux, positive ankle impingement signs and decreased range of motion. The pertinent medication was Naproxen 550mg. The treatment plan consisted of right ankle surgery to remove previously installed hardware and the post-operative use a Game Ready Icing/Compression Unit between 07/28/2014-09/11/2014. The rationale for request was to provide the patient with an ice/compression unit for 6 weeks post-operatively to reduce the risk of edema and deep vein thrombosis. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 week rental of a Game Ready Icing/Compression Unit between 7/28/2014 and 9/11/2014:
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, Game Ready accelerated recovery system.

Decision rationale: The Official Disability Guidelines 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. The clinical notes indicate that the use of the Game Ready system is for post-operative use but the guidelines state there are no evidence based studies to evaluate the use and effectiveness of the icing/compression unit. Therefore, the request for a Game Ready Icing/Compression Unit between 07/28/2014-09/11/2014 is not medically necessary.