MAXIMUS Federal Services

Case Number:	CM14-0029945		
Date Assigned:	06/20/2014	Date of Injury:	06/18/2008
Decision Date:	08/06/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery 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 patient is a 56-year-old female, who sustained a vocational injury when she twisted her knee while working as a housekeeper on 06/18/08. The medical records provide for review document that the patient underwent total knee arthroplasty on 02/11/14. The report of an office visit dated 06/18/14 noted that the patient had completed a course of physical therapy and continued with a home exercise program. It was also noted that the patient reported minimal discomfort of the knee and was fully weight bearing without any ambulatory aids. Physical examination showed that she was walking without a limp and had some keloiding in the proximal aspect of the incision. There was no evidence of infection. Range of motion was five degrees of extension to one hundred degrees of flexion with no pain and no laxity or instability. Quadriceps and hamstring strength were excellent. Neurovascularly she was noted to be intact. She was instructed to continue with a home exercise program, prescribed Diclofenac to use sparingly. She was given a sample cream to treat her incisional scar. The current request is for a Game Ready Unit and wrap x 28 days rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game Ready Unit and Wrap 28 day rental status post (s/p) right total knee arthroplasty:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Official Disability Guidelines Knee.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, (2004), Chapter 13 Knee Complaints and on the Non-MTUS Official Disability Guidelines (ODG): Treatment in Worker's Comp; 2013 Updates; Knee chapter - Game Ready.

Decision rationale: The California ACOEM Guidelines recommend the application of ice packs at home for comfort. The Official Disability Guidelines consider Game Ready Units as an option after surgery but state that there are no published high quality studies on the Game ready device, which is a cryotherapy device with vasocompression, and also note that patients using this device after ACL reconstruction had better pain relief. This patient did not undergo ACL reconstruction. Therefore, the use of a Game Ready device following total knee arthroplasty would not be recommended as medically necessary.