

Case Number:	CM14-0110345		
Date Assigned:	08/01/2014	Date of Injury:	08/16/2010
Decision Date:	02/24/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 fifty-five year old female who sustained a work-related injury on August 16, 2010. A request for a post-operative game ready cold compression rental (three weeks) was modified by Utilization Review (UR) to a 7 day on June 19, 2014. Diagnoses associated with this request included sprain/strain of the knee and sprain/strain of the lumbar spine. The UR physician determined that the request for three weeks of was not supported by the Official Disability Guidelines which do support the use of cryotherapy for seven days post-operatively. A request for Independent Medical Review (IMR) was initiated on July 15, 2014. A review of the medical documentation submitted for IMR included physician's evaluations from December 2, 2013 through October 20, 2014 which indicated that the injured worker had continued pain and impaired mobility due to degenerative joint disease and osteoarthritis of both knees. Previous therapy to the left knee included arthroscopic surgery on February 27, 2013 and intra-corticosteroid injections. An MRI of the left knee on August 16, 2010 revealed a lax-appearing anterior cruciate ligament which suggested a partial chronic tear. The documentation indicated that the injured worker was authorized for left knee arthroplasty. On October 21, 2014 her physician ordered a three week rental of Game Ready for post-operative therapy. The injured worker's work status was defined as Temporary Totally disabled and she had retired on October 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Game Ready Cold Compression Rental (3 Weeks): 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): Continuous Flow Cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 370.

Decision rationale: The American College of Environmental Medicine and the Official Disability Guidelines supports that statement that applications of heat and cold are recommended as method of symptom control for knee complaints. Additionally, at home applications of cold during first few days of acute complaint are recommended; thereafter, application of heat or cold as patient prefers, unless swelling persists then use cold. The ACOEM supports simple low-tech applications of heat and cold as opposed to the motorized cold therapy device being proposed. The claimant's condition is chronic and the ACOEM supports this therapy for acute conditions; therefore, the requested therapy is not medically necessary.