

<b>Case Number:</b>	CM14-0195493		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Minnesota. 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:

This 47 year old male sustained a work related injury on 06/20/2013. According to Utilization Review, the injury occurred from cumulative trauma causing injury to the back, bilateral knees, ear and circulatory system. MRI of the lumbar spine was performed on 08/07/2014. This report was submitted for review. A prescription dated 09/05/2014 for 6 sessions of chiropractic therapy for the lumbar spine was submitted for review. An MRI of the right knee dated 10/15/2014 revealed intact medial and lateral collateral ligaments, intact anterior and posterior cruciate ligaments, intact medial and lateral menisci, mild joint effusion with synovitis, mild proximal patellar tendinosis, grade 4 chondral loss in the lateral facet approximately 7 mm superior-inferior and 9mm medial-lateral and grade 4 chondral loss at the patellar ridge approximately 9mm medial-lateral. Part of this report was illegible. A work status reported dated 10/20/2014 noted that the injured worker was unable to work until post-operatively. As of a progress noted dated 11/13/2014, the injured worker complained of frequent moderate lower back pain with occasional radicular symptoms down his leg. Symptoms were improved by 50 percent. He described his pain as sharp and intermittent to frequent. Pain was rated 3 on a scale of 1-10 on the Oswestry scale. According to the provider, this case was combined with his left knee case. MRI was noted to be positive for L4-L5 disc herniation. Objective findings included decreased lumbar range of motion in all planes with pain, erector spinae paraspinal myofasciitis, positive orthopedic test in Kemps compression for pain no rad, iliac compression, Ely's, and milligrams. Deep tendon reflexes were normal. He had functional capacity loss primarily in sitting, bending, lifting, personal care, travelling and home activities of daily living. Diagnoses included displacement of lumbar intervertebral disc without myelopathy, paraspinal myofasciitis, and low back pain-lumbago. Treatment plan included chiropractic manipulation/mobilization, EMS and myofascial release. Home care was to include stretching and home lumbar stabilization

program. Primary treating physician was to decide if pain medication was necessary. Recommendations included ice daily. A request was made for 6 visits for the next 8 weeks for functional capacity loss starting 12/01/2014 before a re-evaluation to improve to a more active rehab and stabilization program of his lumbar upon completion of his knee rehabilitation with physical therapy. An operative report dated 11/14/2014 was submitted for review. Procedures performed included 1. Left knee arthroscopically-assisted anterior cruciate ligament reconstruction, revision with allograft bone-tendon-bone. 2. Chondroplasty of the femoral trochlea, patella, medial femur. 3. Debridement of retained and ruptured anterior cruciate ligament graft. 4. Allograft bone graft into tibial tunnel. 5. Partial lateral meniscectomy and chondroplasty of the lateral femur. 6. Preparation of patellar allograft. On 11/04/2014 Utilization Review modified the request for durable medical equipment purchase of game ready unit. The request was received on 10/28/2014. The Utilization Review cited MTUS guidelines and the Official Disability Guidelines knee chapter, noting that continuous flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment and that postoperative use generally may be up to 7 days including home use. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME (durable medical equipment): Purchase of game ready unit: 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); Section: Knee, Topic: Continuous Flow Cryotherapy, Cold Compression, Game Ready Accelerated Recovery System.

**Decision rationale:** The game ready unit is a cold compression device. ODG guidelines recommend the game ready device as an option after surgery. It combines continuous flow cryotherapy with the use of vasocompression. 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. Continuous flow cryotherapy is recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. It has been proven to decrease pain, inflammation, swelling, and narcotic usage. 7 days rental of a continuous flow cryotherapy device is appropriate and medically necessary. 7 days rental of the game ready unit may also be appropriate although there are no published high-quality studies on this system. The request for purchase of this unit is not appropriate as it goes beyond the 7 days rental as recommended. Therefore the request as submitted for purchase of the game ready device is not supported by guidelines and as such was not medically necessary.