

<b>Case Number:</b>	CM15-0005557		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Minnesota, Florida  
Certification(s)/Specialty: Orthopedic Surgery

### 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 61 year old female, who sustained an industrial injury from a fall on 5/24/2013. She has osteoarthritis of both knees. She underwent a unicompartmental knee replacement arthroplasty of the left knee on 6/17/2014. She underwent an MRI scan of the right knee on 10/23/2014 which revealed osteoarthritis of mild to moderate degree, a complex degenerative tear of the medial meniscus, and a small remote subchondral infarct of the posterior aspect of the medial femoral condyle. She had undergone a prior arthroscopy of the same knee in 2008. She has been certified for arthroscopic debridement of the right knee. The disputed issues pertain to a non-certified post-operative knee immobilizer and Game ready rental for 2 weeks that was modified by Utilization Review to a 1 week rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee immobilizer:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Section: Knee, Topic: Walking aids

**Decision rationale:** The MRI scan of the right knee shows evidence of osteoarthritis of mild to moderate degree involving the medial compartment and mild changes in the patellofemoral joint and lateral compartment. There is evidence of a degenerative tear of the medial meniscus. As such, arthroscopic debridement is not likely to obviate the need for a subsequent total knee arthroplasty. ODG guidelines indicate walking aids such as canes, crutches, braces and Walkers are recommended for knee pain. Almost half of the patients with knee pain use a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. The medical records indicate a history of osteoarthritis and frequent falls. She underwent a unicompartmental arthroplasty of the left knee and fell again at home but landed on the right knee. She has a sprain of the medial collateral ligament of the right knee on the MRI scan. According to ODG guidelines there is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. However, in the initial postoperative period a knee immobilizer will likely prevent additional injury, particularly in light of the presence of a medial collateral ligament sprain. As such, the request for a knee immobilizer is appropriate and the medical necessity is established.

**Game ready rental x 2 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, Continuous Flow Cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Game Ready accelerated recovery system

**Decision rationale:** The game ready accelerated recovery system is recommended by ODG as an option after surgery, but not for nonsurgical treatment. The system 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. In a recent yet to be published randomized controlled trial patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. Therefore the game ready device is recommended. The General use of continuous flow cryotherapy is for 7 days postoperatively. Therefore a 7 day rental is appropriate and medically necessary. However, the request as stated is for a two-week rental which is not supported and as such, the medical necessity of the request is not substantiated.