

Case Number:	CM15-0009415		
Date Assigned:	01/27/2015	Date of Injury:	11/01/2011
Decision Date:	03/23/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 11/01/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of resolving impingement syndrome of the left shoulder and persistent symptomatic medial meniscus tear, right and left knee, with the right knee being more symptomatic than the left. Past medical treatments consist of surgery, physical therapy, and medication therapy. No pertinent diagnostics regarding the injured worker's shoulder were submitted for review. It was noted on 11/17/2014 that the injured worker was seen for a follow-up appointment. He complained of right knee pain, which he stated improved after arthroscopic meniscectomy and debridement. He was stated to be very happy with the progress, and pain was diminishing. Physical examination of the knee noted no deformity or spasm. Treatment plan is for the injured worker to continue with strengthening exercises and advance to home exercise program. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Cold Therapy Unit (30 days): 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 request for associated surgical service: cold therapy unit (30 days) is not medically necessary. The Official Disability Guidelines state that Game Ready accelerated recovery system is recommended as an option after surgery, but not for nonsurgical treatment. The Game Ready 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 or any other combined system. Postoperatively, the machines are recommended for up to 7 days, including home use. It was noted in the submitted documentation that the injured worker was status post arthroscopic meniscectomy and debridement of the right knee. It was also noted that he continued to improve and was very happy with the progress. However, there was no indication or rationale submitted for review to warrant the request for the cold therapy unit. Furthermore, the guidelines recommend the use of continuous cryotherapy for up to 7 days. The request as submitted is for 30 days, exceeding the recommended guidelines. As such, the request would not be medically necessary.

Associated Surgical Service: Shoulder CPM (30 days): 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 Passive Motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous passive motion (CPM).

Decision rationale: The request for associated surgical service: shoulder CPM (30 days) is not medically necessary. The Official Disability Guidelines do not recommend CPM for shoulder rotator cuff problems, but recommend it as an option for adhesive capsulitis, up to 4 weeks/5 days per week. The submitted documentation did not indicate that the injured worker had diagnoses congruent with the above guidelines. Additionally, there were no other significant factors provided to justify the use outside of current guidelines. The request submitted for review indicates that it is associated surgical service. However, there was no indication in the submitted documentation of the injured worker having undergone shoulder surgery. Given the above, the request would not be indicated. As such, the request is not medically necessary.