MAXIMUS Federal Services

Case Number:	CM15-0106017		
Date Assigned:	06/10/2015	Date of Injury:	08/30/2013
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 67 year old male, who sustained an industrial injury on August 30, 2013. He reported left knee pain. The injured worker was diagnosed as having left medial meniscus tear. Treatment to date has included diagnostic studies, radiographic imaging, knee bracing, conservative care and medications. Currently, the injured worker complains of continued left knee pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 15, 2015, revealed continued pain as noted. He reported slipping and injuring the left knee while working in agriculture. Surgical intervention was discussed and he wished to proceed. It was noted he had to have blood sugar levels stable before the surgical intervention scheduled on May 18, 2015. He underwent left knee arthroscopy, multiple compartment synovectomy and abrasion chondroplasty trochlea on May 18, 2015, with no noted complications. A 28-day rental of Game Ready Unit and Wrap for the left knee was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

28 day rental of Game Ready Unit and Wrap for the left knee: 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), Knee & Leg, Game Ready accelerated recovery system; continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 270.

Decision rationale: 28 day rental Game Ready Unit and Wrap for the left knee is not medically necessary. 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 is 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 high tech therapy device being proposed. Finally, the claimant's condition is chronic. The ACOEM supports this therapy for acute conditions; therefore, the requested therapy is not medically necessary.