

<b>Case Number:</b>	CM15-0034378		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 32-year-old male who sustained a work related injury September 20, 2013. While painting and kneeling for an hour and a half, he stood up and felt a pop in his left knee with pain and inability to extend his knee straight. According to an orthopedic evaluation dated January 28, 2015. The injured worker presented with constant pain and joint swelling of the left knee. An MRI of the left knee dated October 18, 2013, reveals a lateral meniscal tear and medial meniscal tear. The physician discussed treatment with the injured worker. As he has a displaced bucket handle medial meniscus tear with a partially locked knee for almost 1.5 years, surgery needs to be performed. Treatment plan included request for left knee partial meniscectomy, crutches, ice machine and 8 visits of physical therapy. According to utilization review dated February 5, 2015, the request for Game Ready Ice Machine 7-10 day rental is modified to Game Ready Ice Machine for 7 day rental, citing Official Disability Guidelines (ODG) Knee & Leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Game Ready ice machine rental for 7-10 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) Knee & Leg - Game Ready Accelerated Recovery System.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter, Continuous-Flow-Cryotherapy.

**Decision rationale:** The patient presents with pain in his neck, shoulder and left knee. The request is for Game Ready Ice Machine Rental 7-10 Days. The patient has had chiropractic treatment, medications, TENS unit and home exercise program in the past. Per the utilization review letter on 02/05/15, the requested left knee medial meniscectomy and arthroscopic chondroplasty are authorized. ODG, Knee & Leg Chapter, Continuous-Flow-Cryotherapy, states it is recommended as an option after surgery for up to 7 days including home use. In this case, the Game Ready ice machine was requested for post-operative management. ODG guidelines support some uses of the requested unit for up to 7 days following surgery. However, the request is for 7-10 days. Therefore, the requested Game Ready Ice machine for 7-10 day rental is not medically necessary.