

Case Number:	CM15-0058144		
Date Assigned:	04/02/2015	Date of Injury:	08/30/2013
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/26/2015

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 67 year old male who sustained a work related injury on August 30, 2013, slipping and injuring his left knee. Magnetic Resonance Imaging (MRI) revealed a meniscus tear of the left knee He was diagnosed with a left meniscus tear. Treatment included pain management. Currently, the injured worker continues to experience left knee pain. The documentation indicates that surgery has been approved. The treatment plan that was requested for authorization included 28 days rental of an intermittent Pneumatic Compression Cold Therapy Unit for the left knee that was modified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Pneumatic Compression Cold Therapy Unit x 28 days (Game Ready) 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), Treatment Index, 13th Edition (web), 2015, Knee & Leg - Continuous-flow cryotherapy; Game Ready accelerated recovery system.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Cold Compression, Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend cold compression 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. However, in a recent yet to be published RCT patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. The continuous flow cryotherapy is recommended by ODG for 1 week after surgery. The request as stated is for 28 day rental which is not supported and as such, the medical necessity of the request has not been established.