

Case Number:	CM15-0245004		
Date Assigned:	12/24/2015	Date of Injury:	09/02/2015
Decision Date:	01/29/2016	UR Denial Date:	12/15/2015
Priority:	Standard	Application Received:	12/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43 year old male, who sustained an industrial injury on 9-2-2015. The injured worker is undergoing treatment for: left knee medial and lateral meniscal tear. The treatment and diagnostic testing to date has included: ice, medications, cane, at least 6 completed physical therapy sessions, magnetic resonance imaging of the left knee (9-24-15). Medications have included: Ibuprofen, Tramadol. Current work status: modified. On 11-2-15, he reported left knee pain. Physical examination revealed height 68 inches, weight 305, BMI 46.4, antalgic gait, use of cane for ambulation, pain noted with extremes of range of motion, tenderness in the medial joint line and anterior-lateral aspect of the lateral joint line, McMurray's noted to cause discomfort. On 11-23-15, he reported increased knee pain, and walking causing pain. Objective findings revealed antalgic gait, positive minor's sign, positive Lachman's. The request for authorization is for: an outpatient 7 day rental of a game ready unit for the left knee for post-operative use. The UR dated 12-15-2015: modified certification of outpatient 7 day rental of outpatient purchase of one continuous flow cryotherapy unit with pad for the left knee for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 7 day rental of a game ready unit for the left knee for postoperative use: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter; Game ready accelerated recovery system.

Decision rationale: This 43 year old male has complained of knee pain since date of injury 9/2/2015. He has been treated with physical therapy and medications. The current request is for an outpatient 7-day rental of a game ready unit for the left knee for postoperative use, duration of unspecified. Per the ODG guidelines cited above, a game ready unit is recommended post operatively for up to 7 days only. The current request is for an unspecified time period. On the basis of the available medical records and per the ODG guidelines cited above, a game ready unit for the left knee for postoperative use is not medically necessary.