

Case Number:	CM15-0124739		
Date Assigned:	07/09/2015	Date of Injury:	08/30/2013
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67 year old man sustained an industrial injury on 8/30/2013. The mechanism of injury is not detailed. Evaluations include left knee MRI dated 10/28/2013. Diagnoses include left knee medial meniscus tear. Treatment has included oral medications and knee brace. Physician notes on a PR-2 dated 4/15/2015 show complaints of left knee pain. Recommendations include surgical intervention, continue to wear patella knee brace, and follow up in four weeks. An addendum note dated 5/26/2015 show a recommendations for a 14-day extension rental of intermittent pneumatic compression cold therapy unit (Game Ready).

IMR ISSUES, DECISIONS AND RATIONALES

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

Game Ready (intermittent pneumatic compression cold therapy unit) rental for fourteen days 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 and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg: Continuous-flow cryotherapy and Game Ready accelerated recovery system;.

Decision rationale: Game Ready (intermittent pneumatic compression cold therapy unit) rental for fourteen days for the left is not medically necessary per the MTUS Guidelines and the ODG. The Game Ready device combines continuous cryotherapy and pneumatic compression. The MTUS states that for knee pain at-home local applications of cold packs in first few days of acute complaints can be used and thereafter, applications of heat packs can be applied. The ODG states that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request exceeds guideline recommendations and therefore is not medically necessary. Additionally, the treatment of this Game Ready unit is not medically necessary because ODG guidelines state that the scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. Furthermore, the ODG states 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.