

Case Number:	CM15-0125064		
Date Assigned:	07/09/2015	Date of Injury:	02/28/2013
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 64 year old male, who sustained an industrial injury on 2/28/2013. He reported a slip and fall subsequently injury both knees. Diagnoses include bilateral medial meniscus tear; status post right knee surgery. Treatments to date include medication therapy and physical therapy. Currently, he complained of daily pain, locking and giving way. The records indicated he was awaiting surgical repair of the left knee. On 6/10/15, the physical examination documented decreased range of motion and left knee tenderness. The plan of care included left knee arthroscopy and associated services. The appeal request was for crutches and an ice machine for seven to ten days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
 Page(s): table 13-3.

Decision rationale: The claimant is status post right knee surgery and is awaiting left knee surgery. ACOEM Guidelines state that crutches are recommended for 1-2 weeks following knee surgery. The patient had knee surgery 5 weeks prior to the request, therefore the guidelines do not support crutches at this time. The request is not medically necessary.

Game Ready Ice Machine 7-10 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter (cryotherapy).

Decision rationale: The ODG states that game ready acceleration recovery system is recommended as an option after surgery, but not for non-surgical treatment. Continuous flow cryotherapy is recommended as a post-surgical option for up to seven days after surgery. In this case, the patient had surgery 5 weeks prior to the request, so clearly exceeds the recommended guideline. In addition, cryotherapy is not recommended for non-surgical treatment. Therefore the request is deemed not medically necessary.