

Case Number:	CM15-0075276		
Date Assigned:	04/27/2015	Date of Injury:	01/23/2006
Decision Date:	07/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 1/23/06. She reported right knee pain, swelling, difficulty bending the knee and dragging her foot as she walked. The injured worker was diagnosed as having a knee sprain. Treatment to date has included medication, physical therapy, knee sleeve, x-ray, MRI, cortisone injection, surgical intervention and aqua therapy. Currently, the injured worker complains of severe, debilitating left knee pain. She reports difficulty walking and uses a cane intermittently. She also reports sleep disturbance due to pain. The pain affects her ability to stand for long periods of time, walk, stoop down, kneel, squat, bend, twist, climb and exercise. A note dated 9/18/14 states the injured worker rates her knee pain (bilaterally) 10/10. A note dated 10/15/14 also states leg pain is 10/10 and constant. A note dated 3/10/15 documents the injured workers continued pain in the medial and lateral joint line on both of her knees, patellofemoral pain, positive crepitus and grinding. There is point tenderness on the lateral aspect of her joint on the right side and medial aspect of the joint on the left side on examination. A note dated 3/10/15 states the injured worker was not able to tolerate physical therapy; she was able to tolerate aqua therapy. The injured worker is currently not working, per note dated 3/10/15. An MRI dated 2/4/15 reveals osteoarthritis with moderately severe cartilage loss. A request for a Game ready cryo unit (rental) is being sought to aid in the injured worker's post-operative healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental, Game Ready Cryo Unit: 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 (Acute & Chronic) - Game Ready accelerated recovery system; Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic) Continuous-flow cryotherapy (2) Knee & Leg (Acute & Chronic) Game Ready.

Decision rationale: The claimant sustained a work injury in January 2006 and continues to be treated for right knee pain. When seen, she was having constant pain. There was joint line tenderness with patellar crepitus and grinding. An MRI had shown findings of osteoarthritis. A total knee replacement was requested. Cold compression / continuous-flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. In this case, the request for a 14 day rental is in excess of the guideline recommendations and not medically necessary.