

<b>Case Number:</b>	CM14-0000787		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	03/03/2000
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic knee pain associated with an industrial injury sustained on March 3, 2000. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, total knee arthroplasty surgery, and unspecified amounts of physical therapy over the life of the claim. A November 19, 2013 progress note is notable for comments that the applicant reported persistent left knee pain and had severe allodynia about the same. The applicant was given diagnoses of chronic knee pain and chronic pain syndrome. Permanent work restrictions were endorsed. The applicant was given refills of Depakote and Keppra. It was stated that the applicant had a pending hearing before a Workers' Compensation judge (WCJ). The request for cryoablation procedure at the infrapatellar branch of the saphenous nerve was prescribed on November 19, 2013. The applicant's treating provider wrote that authorization for the procedure in question would be sought as a means of treating the applicant's severe neuropathic knee pain. The applicant was again described as exhibiting an antalgic gait with reportedly severe allodynia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUT PATIENT CRYOABLATION RIGHT INFRAPATELLAR BRANCH OF SAPHEOUS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bonica's Management of Pain, edited by Scott Fishman et al, page 1078; and the ACOEM Practice Guidelines, Third Edition, Knee Chapter, Local Anesthetic Injections section.

**Decision rationale:** The MTUS does not address the topic, so alternate guidelines were used. As noted in the Third Edition of the ACOEM Guidelines, local anesthetic injections such as the saphenous nerve block being proposed here are recommended to assist in the diagnosis of subacute or chronic knee pain. In this case, the attending provider has posited that the applicant has chronic knee pain generated as a result of nerve root impingement sustained in an earlier knee surgery. A local anesthetic saphenous nerve block, then, is indicated, appropriate, and supported by the ACOEM. It is further noted that Bonica's Management of Pain also suggests that a saphenous nerve block can be tried with or without corticosteroids in applicants with a suspected entrapment neuropathy. In this case, again, the attending provider has posited that the applicant has residual neuropathic pain about the knee associated with a saphenous nerve impingement. A trial of cryoablation is therefore indicated and appropriate. As such, the request is medically necessary.