

Case Number:	CM14-0000788		
Date Assigned:	01/17/2014	Date of Injury:	03/03/2000
Decision Date:	10/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 66-year-old female with a reported date of injury on 03/03/2000. The injury reportedly occurred when she fell on a sidewalk after stepping into a hole. Her diagnoses were noted to include acute pain, chronic pain syndrome, osteoarthritis of the lower leg, and lower leg joint pain. Her previous treatments were noted to include surgery and medication. The progress note dated 09/24/2013 revealed complaints of knee pain. The physical examination revealed no changes in the examination from the previous visit. The progress note dated 09/19/2013 revealed complaints of pain. The physical examination revealed severe left knee pain as well as myoclonic leg jerks. The injured worker had severe allodynia to the right knee and an antalgic gait. The provider indicated a Request for Authorization for the cryoablation procedure of the infrapatellar branch of the saphenous nerve as a treatment for severe neuropathic pain knee pain. The Request for Authorization form dated 11/20/2013 was for medical clearance for a history and physical examination, electrocardiogram (EKG), and labs for a cryoablation of the infrapatellar branch.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL CLEARANCE FOR A HISTORY AND PHYSICAL EXAM (H&P): 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), Low Back, Preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative testing, general.

Decision rationale: The injured worker is awaiting authorization to undergo a cryoablation of the infrapatellar branch. The Official Disability Guidelines state an alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk for postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these 2 approaches is unknown. A cryotherapy procedure can be done easily with local anesthesia and minimal sedation; therefore, the need for any further workup is not shown. There were no medical problems or comorbidities listed. The need for any extra workup with another physician for a history and physical is not shown and a pain management physician should do this type of evaluation at the follow-up visits to fully assess if they are a candidate for any type of procedure. There is a lack of documentation regarding whether the cryoablation procedure had been approved to warrant preoperative medical clearance. Therefore, the request is not medically necessary.

MEDICAL CLEARANCE FOR AN ELECTROCARDIOGRAM (EKG): 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), Low Back, Preoperative electrocardiogram

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative electrocardiogram.

Decision rationale: The injured worker is awaiting authorization for a cryoablation of the infrapatellar branch procedure. There is a lack of documentation regarding approval for the cryoablation procedure and therefore an electrocardiogram is not appropriate at this time. As such, the request is not medically necessary.

MEDICAL CLEARANCE FOR LABS: 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), Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing.

Decision rationale: The injured worker is awaiting authorization for a cryoablation of the infrapatellar branch procedure. The previous requests for medical clearance have been deemed not medically necessary due to the lack of documentation regarding authorization for the cryoablation procedure. Therefore, medical clearance for labs is not medically necessary due to the lack of documentation regarding authorization for the cryoablation procedure and the specific labs were not listed in the request. Therefore, the request is not medically necessary.