

<b>Case Number:</b>	CM14-0067206		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 53-year-old man who sustained a work-related injury on October 9, 2012. Subsequently, he developed low back and left knee pain. His physical exam dated on April 30, 2014 showed tenderness to palpation of the left knee and decreased left lower extremity sensation as well as quadriceps atrophy. Motor is 2/5 on the left knee with extension. He has depression and anxiety secondary to the work injury. He has an antalgic gait, he ambulates with a cane. The patient as diagnosed with left knee/fracture of the left Tibia Plateau/bicondylar Tibia; lumbar spine pain; left knee/post traumatic arthritis; and left leg pain. The provider requested authorization to use Myoscience/Cryoneurolysis for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myoscience/Cryoneurolysis 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 Treatment of Phantom limb pain by cryoneurolysis of the amputated nerve by Albert Moesker MD, PHD, Helen Karl MD and Andrea M Trescot MD. Article published online: Dec 19 2012. Pages 52-58 Sonographically Guided Cryoneurolysis by Talia Friedman MD, Daniel Richman MD and Ronald Adler, MD. Dec 1, 2012.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: (Friedman, Richman et al. 2012, Moesker, Karl et al. 2014) Friedman, T., et al. (2012). Sonographically guided cryoneurolysis: preliminary experience and clinical outcomes. J Ultrasound Med 31(12): 2025-2034.

**Decision rationale:** MTUS and ODG guidelines are silent regarding knee Cryoneurolysis. There is no controlled studies supporting the safety and efficacy of Cryoneurolysis for the treatment of knee pain. Therefore, the request for Myoscience/Cryoneurolysis for the left knee is not medically necessary.