MAXIMUS Federal Services

Case Number:	CM15-0186652		
Date Assigned:	09/28/2015	Date of Injury:	02/16/2010
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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 61 year old male, who sustained an industrial injury on 2-16-10. Medical records indicate that the injured worker is undergoing treatment for chondromalacia of patella, right knee osteoarthritis, chronic pain, and pain in the joint of the lower leg. The injured worker was noted to be permanent and stationary and was retired. On (8-11-15 and 6-9-15) the injured worker was noted to not have any interval change. Examination of the right knee revealed a decreased range of motion. The injured workers gait was noted to be antalgic gait and the injured worker was wearing a knee brace. Treatment and evaluation to date has included medications, right knee x-rays, Synvisc knee injections (8-20-15),physical therapy, left knee arthroscopy (2010) and right knee arthroscopy (2011). Current medications include Ultram ER. The request for authorization dated 8-21-15 requested cryoablation/focused cold therapy for right knee. The Utilization Review documentation dated 9-3-15 non-certified the request for cryoablation/focused cold therapy for right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryoablation/Focused cold therapy for right knee: 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), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Cryoablation.

Decision rationale: The claimant sustained a work injury in February 2010 and continues to be treated for chronic pain including right knee pain. His injury occurred while fighting a fire. In June 2011 he had an arthroscopic meniscus repair with debridement. He has end-stage right medial knee osteoarthritis and a partial knee replacement is being considered.On 03/26/15 the claimant underwent diagnostic right knee nerve blocks. On 04/14/15 there had been a decrease in pain from 4-8/10 to 0/10 after the injection. Authorization is being requested for cryoablation.Cryoablation is not recommended in the knee. Published evidence for cryoablation is insufficient to establish the efficacy of this procedure for treatment of knee pain, and is insufficient to establish that this treatment provides durable symptom relief compared to standard care. Additionally, in this case, a right partial knee replacement is being considered which would be the definitive treatment for the claimant's condition. The request is not medically necessary.