

<b>Case Number:</b>	CM14-0212589		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	12/12/2007
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This is a patient with a date of injury of December 12, 2007. A utilization review determination dated November 25, 2014 recommends noncertification of bilateral cryoablation of the infra-patellar branch of the saphenous nerve bilaterally. Noncertification was recommended due to lack of peer-reviewed literature support for this procedure. A report dated November 2, 2014 indicates that the patient suffers from bilateral knee pain. Physical examination reveals walking with a slow gait, normal strength in the lower extremities, and abnormal sensation in the lower extremities. Range of motion in the knees is full with no instability noted. The right knee has obvious swelling with tenderness diffusely. There is bilateral crepitus present in both knees. Diagnoses include status post right arthroscopic meniscectomy, status post left arthroscopic meniscectomy, chronic lumbar strain, hypothyroidism, and trigeminal neuralgia. The requesting physician goes on to state that this procedure is "clearly indicated for the patient's chronic bilateral knee pain." The patient has failed physical therapy, Visco supplementation, and steroid injections. The note goes on to state that cryoablation of the infra-patellar branch of the saphenous nerve is a procedure to reduce the pain. The patient does not wish to undergo a knee replacement, therefore this is the best choice for pain relief. The goal is to restore function and reduce the need for medication. No direct citations from peer-reviewed medical literature have been provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cryoablation of the infrapatellar branch of the saphenous nerve bilaterally:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.painmed.org/2013posters/abstract-198](http://www.painmed.org/2013posters/abstract-198)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/?term=ablation+infrapatellar+branch+of+the+saphenous+nerve>

**Decision rationale:** Regarding the request for cryoablation of the infra-patellar branch of the saphenous nerve, California MTUS, ACOEM, and ODG guidelines do not contain criteria for this procedure. Additionally, a search of the National Library of Medicine failed to provide any peer-reviewed scientific literature supporting the use of this procedure in the treatment of this patient's diagnoses. Unfortunately, the requesting physician has not provided any peer-reviewed scientific literature supporting the use of this procedure in the treatment of his patient's diagnoses. Therefore, in the absence of peer-reviewed literature support for this procedure, the currently requested cryoablation of the infra-patellar branch of the saphenous nerve is not medically necessary.