MAXIMUS Federal Services

Case Number:	CM15-0117178		
Date Assigned:	07/01/2015	Date of Injury:	06/29/2010
Decision Date:	08/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 38 year old male sustained an industrial injury to both knees on 6/29/10. Magnetic resonance imaging right knee (2/18/13) showed synovitis. Magnetic resonance imaging left knee (2/18/13) showed patellofemoral chondromalacia and a ganglion cyst. There are associated diagnoses of headache, neck pain and occipital nerve area pain. Previous treatment included joint injections, peripheral nerve blocks and medications. In a PR-2 dated 5/19/15, the injured worker presented for a recheck of bilateral knees. Physical exam was remarkable for left knee with tenderness to palpation anteriorly, decreased range of motion and an antalgic gait. Current diagnoses included other chronic pain, chondromalacia of the patella, lower leg joint pain and cervical spine intervertebral disc degeneration. The physician noted that recent injection decreased the injured worker's pain from 9-10/10 to 1-2/10, indicating that the injured worker was a good candidate for cryoablation as a means of pain relief and improvement in functions. The treatment plan included Iovera Cryoablation: (ISN) Infrapatellar Saphenous Nerve and Anterior Cutaneous Femoral Nerve. The medication listed is Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iovera Cryoablation: (ISN) Infrapatellar Saphenous Nerve and Anterior Cutaneous Femoral Nerve (ACFN): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterKnees and Other Medical Treatment Guidelines Narouza SN. Ultrasound-guided interventional procedures in pain management: evidence-based medicine. Reg Anesth Pain Med. 2010;35 (2 suppl) S55-S58.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with NSAIDs and PT have failed. The guidelines listed specific procedures such as steroids and hyaluronic acid derivative injections for the treatment of severe knee pain that did not resolve with conservative treatments. The guidelines did not address the use of peripheral nerve procedures for the treatment of arthritic knee pain. The ODG guidelines addressed the use of peripheral nerve blocks and ablation procedures for the treatment of neuralgia and neuropathic pain syndromes. The records did not show that the patient failed conservative treatments with NSAIDs, PT or intra-articular joints injections. The criteria for the use of Iovera cryoablation: Infrapatella saphenous nerve and anterior cutaneous femoral nerve was not met. The request is not medically necessary.