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| Case Number: | CM15-0128538 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 04/16/2007 |
| Decision Date: | 08/14/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

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: California

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 58 year old female, who sustained an industrial injury on 4/16/2007. The mechanism of injury was a trip and fall. The injured worker was diagnosed as having carpal tunnel syndrome, chronic pain, patella chondromalacia, tear in the medial meniscus and osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture and medication management. In a progress note dated 5/20/2015, the injured worker complains of bilateral knee pain, rated 8/10. Physical examination showed bilateral moderated knee tenderness with restricted range of motion in the bilateral knees and low back. The treating physician is requesting Iovera cryo-ablation of the bilateral knees and pain psychology consultation and testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Iovera cryoablation of the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (Acute & Chronic); Aetna Clinical Policy Bulletins, Number: 0297 (Updated). Subject: Cryoanalgesia and Therapeutic Cold. Reviewed: August 11, 2006.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Iovera cryoablation.

Decision rationale: Regarding the request for Iovera cryoablation, CA MTUS does not address the issue. ODG cites that the published evidence for Iovera 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. In light of the above issues, the currently requested Iovera cryoablation is not medically necessary.

Pain psychology consultation and testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

Decision rationale: Regarding the request for psychological consultation and testing, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, the patient is noted to have depressed mood and affect. While psychological consultation would be appropriate, the need for testing would depend in part on the results of the consultation as well as which specific testing is being requested and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested psychological consultation and testing is not medically necessary.