

Case Number:	CM15-0065682		
Date Assigned:	04/13/2015	Date of Injury:	02/23/2001
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 68 year old female, who sustained an industrial injury on 2/23/2001. Diagnoses have included chronic pain syndrome, chondromalacia of patella and degenerative cervical intervertebral disc. Treatment to date has included Synvisc injection and medication. According to the progress report dated 10/27/2014, the injured worker complained of bilateral knee pain. Physical exam revealed tenderness to palpation of the right worse than left knee, decreased range of motion to flexion and an antalgic gait. Authorization was requested for ultrasound guided IOVERA cryoneuromodulation right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided IOVERA Cryoneuromodulation for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://ioverahealth.com/how_it_works.php.

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

Decision rationale: Iovera is a novel targeted cold therapy device. CA MTUS/ACOEM and ODG are silent on the brand name Iovera treatment. There are no high quality trials on its efficacy found on a literature search via pubmed. The nearest comparison treatment is cold therapy. CA MTUS/ACOEM is silent on the issue of hot/cold therapy. According to ODG, Knee and Leg section, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. Therefore the request for Iovera is not medically necessary.