

Case Number:	CM13-0048690		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2002
Decision Date:	06/03/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/06/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old male who was injured on January 21, 2002. The patient continued to experience pain in his right knee after right total knee arthroplasty in 2010. Physical examination was notable for painful range of motion, decreased range of motion, and loosening on extension. Bone scan of bilateral knees dated October 30, 2013 indicated prosthetic loosening at the right and left tibial plateaus. Diagnoses included mononeuritis, pain in lower leg joint, degenerative cervical disc disease, an dlumbago. Treatment included medications. Request for authorization for ultrasound right knee with cryoablation saphenous nerve was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND RIGHT KNEE W/CRYOABLATION, SAPHENOUS NERVE.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Peripheral Nerve Blocks : Techniques.

Decision rationale: MTUS does not address this issue. The saphenous nerve is a cutaneous branch of the femoral nerve. It is sensory nerve supplying the skin on the anteromedial surface of

the leg. Saphenous nerve block is indicated for ambulatory surgeries of the superficial medial leg and provides analgesia to the ankle and foot. In this case the patient is experiencing pain in his knee. There is no documentaiton that the patient is experiencing pain in the area supplied by the saphenous nerve. Medical necessity has not been established. The request should not be authorized.