

Case Number:	CM13-0071403		
Date Assigned:	01/08/2014	Date of Injury:	05/27/2009
Decision Date:	08/20/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/27/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 72-year-old female who reported an injury on 06/27/2009 due to a fall. On 11/18/2013, the injured worker presented with back pain, knee pain, and leg pain. Prior treatment included surgery. Examination of the bilateral knees revealed 115 degrees of flexion, a scar over the left knee consistent with a TKA, muscle strength 5/5 at the extensors and flexors of the hips and knees bilaterally. The diagnoses were osteoarthritis of the knee. The provider recommended a genicular nerve injection to the left knee; the provider's rationale was not provided. The request for authorization form was dated 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENICULAR NERVE INJECTION LEFT KNEE: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Radiofrequency treatment relieves chronic knee osteoarthritis pain: a double-blind randomized controlled trial. Choi WJ1, Hwang SJ, Song JG, Leem JG, Kang YU, Park PH, Shin

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Decision rationale: According to scientific based research, chronic osteoarthritis pain in the knee is often not effectively managed with non-pharmacological or pharmacological treatments. Radiofrequency neurotomy (genicular nerve injection) is a therapeutic alternative for chronic pain. The included medical documentation lacked evidence of the length of time and severity of the injured worker's osteoarthritis pain. Additionally, the provider's rationale for the genicular nerve injection was not provided within the medical documents. As such, the request is not medically necessary and appropriate.