

Case Number:	CM14-0138273		
Date Assigned:	09/05/2014	Date of Injury:	07/27/2012
Decision Date:	10/02/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 Orthopedic Surgery, and is licensed to practice in Tennessee. 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 claimant was injured in a work related accident on July 27, 2012. The records provided for review do not identify the claimant's age or birth date. The records document an injury of the right knee for which the claimant underwent an arthroscopic procedure in May of 2013 and continues with residual pain and requires work restrictions. The records do not contain any recent clinical assessment, physical examination, imaging, or documentation of treatment noted. This review is for a request for a "right saphenous femoral nerve block with IV sedation and fluoroscopy of the right knee". There is no documentation to determine the purpose of this procedure and there is no indication of prior femoral or saphenous nerve injury; only documentation of a prior right knee arthroscopy in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Saphenous Femoral Nerve Block With IV Sedation Fluoroscopy, Right Knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 13 Knee Complaints Page(s): Chapter 5, page 79, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Clinical Evidence: BMJ Publishing Group, Ltd.; London, England; Section Musculoskeletal Disorders, Condition: Osteoarthritis of Knee

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-344.

Decision rationale: Based on California ACOEM Guidelines, the request for referral for the right saphenous femoral nerve block procedure cannot be supported as medically necessary. There are no medical records for review to identify the need for an operative or clinical procedure that would require femoral nerve block with IV sedation. There is no indication of physical examination findings, treatment, imaging, or documentation of claimant's care since time of a 2013 knee arthroscopy. The specific request is not medically necessary.