

Case Number:	CM14-0075928		
Date Assigned:	07/16/2014	Date of Injury:	02/27/1997
Decision Date:	10/07/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 California. 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 79 year old female who sustained an industrial injury on 2/27/1997. The patient has history of right and left total knee replacement in 2004/2005. Diagnosis is knee pain. She attended physical therapy in July-August 2013. The patient recently presents for a follow up evaluation on 4/24/2014 regarding chronic knee pain, right worse than left. Conservative care plan of diet, sleep, physical therapy, exercise, and medications were discussed, a physical examination is not documented. Medications PRN Ultram and Penn said to bilateral knees. Obtain most recent images of the knees. Interventional: consider therapeutic bilateral genicular nerve blocks and if successful consider RFA. Medical alert system is recommended for her medical condition, as well a van for transportation of her electric scooter/wagon. Follow up in 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral superior lateral, superior medial, inferior medial diagnostic and therapeutic genicular nerve block to both 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: Chronic pain: Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Nerve excision (following TKA)

Decision rationale: The CA MTUS and ODG do not provide any recommendations for genicular nerve blocks. This does not appear to be a recognized and medically accepted procedure. The ODG state peripheral sensory nerve procedures to treat knee pain after total knee arthroplasty may include surgical resection or radiofrequency ablation of sensory nerves about the knee. In the case of this patient, the medical records do not provide any details regarding the patient's chronic knee pain complaint, and do not include current or recent physical examination findings that support the submitted request. Furthermore, failure of standard conservative measures which would include analgesics, NSAIDs, physical methods, and possible cortisone injections. Therefore, the request of bilateral superior lateral, superior medial, inferior medial diagnostic and therapeutic genicular nerve block to both knees is not medically necessary and appropriate.

Medical alert system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10; CMS Medicare Benefit Policy Manual Chapter 15, Section 110.1

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME) AETNA - clinical policy bulletins: Safety Items

Decision rationale: The CA MTUS and ODG do not specifically address medical alert system. According to the ODG, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Many assistive devices, were designed for the fully mobile, independent adult, and so are not covered. According to the AETNA, telephone alert systems are not considered by Aetna to fall within the contractual definition of DME in that they are normally of use in the absence of illness or injury. (Telephone alert systems relay pre-programmed messages to pre-determined telephone contacts when an individual activates a distress signal. The distress signal activator is worn as a necklace or bracelet). In addition, telephone alert systems are considered safety items, which are contractually excluded under most benefit plans. The medical records do not include a clear and detailed rationale as to establish the medical necessity for the medical alert system. Therefore, the request of Medical alert system is not medically necessary and appropriate.