

Case Number:	CM14-0096322		
Date Assigned:	09/15/2014	Date of Injury:	04/22/2011
Decision Date:	12/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old male with a 4/22/11 date of injury, and right knee arthroscopic partial medial meniscectomy and debridement on 2/21/14. At the time (3/25/14) of request for authorization for Right knee saphenous nerve block with cryoablation, there is documentation of subjective (knee pain) and objective (positive Tinel's test) findings, current diagnoses (pain in joint in the lower leg), and treatment to date (medications and physical therapy). There is no documentation of pain relief and functional benefit from previous infrapatellar nerve injection; and positive electrodiagnostic study (disappearance of sensory nerve action potential after injection to the saphenous nerve).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee saphenous nerve block with cryoablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Acad Orthop Surg. 2002 Mar-Apr; 10 (2): 130-7. Saphenous neuritis: a poorly understood cause of medial knee pain. Morganti CM, McFarland EG, Cosgarea AJ. Source the Orthopedic and Sports Medicine Center, Annapolis, MD, USA. last updated 03/01/2002

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: <http://www.painphysicianjournal.com/2013/may/2013;16;E315-E324.pdf>

Decision rationale: Specifically regarding infrapatellar injection, MTUS and ODG do not address this issue. Medical Treatment Guidelines identifies documentation of a diagnosis/condition with supportive subjective/objective findings (tenderness over the medial tibial plateau and positive Tinel's sign) that fails to respond to other conservative treatments, as criteria necessary for the medical necessity of infrapatellar saphenous nerve injection. Specifically regarding infrapatellar saphenous nerve cryoablation, MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of pain relief and functional benefit from previous infrapatellar nerve injection; and positive electrodiagnostic study (disappearance of sensory nerve action potential after injection to the saphenous nerve), as criteria for the necessary for the medical necessity of infrapatellar saphenous nerve cryoablation. Within the medical information available for review, there is documentation of a diagnosis of pain in joint in the lower leg. In addition, there is documentation of failure to respond to conservative treatment (medications and physical therapy). However, despite documentation of objective (positive Tinel's signs) findings, there is no documentation of additional supportive objective findings (tenderness over the medial tibial plateau). In addition, there is no documentation of pain relief and functional benefit from previous infrapatellar nerve injection; and positive electrodiagnostic study (disappearance of sensory nerve action potential after injection to the saphenous nerve). Therefore, based on guidelines and a review of the evidence, the request for Right knee saphenous nerve block with cryoablation is not medically necessary.