

Case Number:	CM14-0168168		
Date Assigned:	11/05/2014	Date of Injury:	05/28/2009
Decision Date:	01/06/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 Spine 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 injured worker is a 55-year-old male who reported an injury on 05/28/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included pain in joint involving lower leg. His previous treatments included medication, diagnostic saphenous nerve block on 05/27/2014 which provided 50% pain relief. Surgical history included left total knee replacement. On 09/10/2014, it was reported the injured worker complained of terrible pain in his knee after surgery. He underwent a diagnostic saphenous nerve block on 05/27/2014 which he reported had 50% pain relief. The injured worker reported the pain relief is wearing off. The injured worker continues to utilize Norco, Lidoderm patch, Gabapentin and Flexeril. The physical examination revealed a regular sinus rhythm. The provider requested a radiofrequency thermo-coagulation to the left saphenous nerve. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Radiofrequency therma-coagulation left saphenus with IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rasmussen, L., Lawaetz, M., Serup, J., Bjoern, L., Vennits, B., Blemings, A., & Eklof, B. (2013). Journal of Vascular Surgery: Venous and Lymphatic Disorders, 1(4), 349-356

Decision rationale: The request for associated surgical service: Radiofrequency thermal-coagulation left saphenous with IV sedation is not medically necessary. The journal article titled "Journal of Vascular Surgery: Venous and Lymphatic Disorders" states randomized clinical trials comparing endovenous laser ablation, radiofrequency ablation, foam sclerotherapy, and surgical stripping for greater saphenous varicose veins with a 3 year follow-up, all treatment modalities were efficacious and resulted in similar improvement in VCSS and QOL. However, more recanalization and pre-operations were seen after UGFS. The clinical documentation submitted indicated the injured worker continued to have pain following knee replacement. Additionally, the injured worker reported having relief from the saphenous nerve block. However, the provider failed to document an adequate and complete physical examination warranting the medical necessity for the request. The rationale for the request was not submitted for clinical review. Additionally, the request submitted failed to provide which lower extremity the procedure is to be performed. Therefore, the request is not medically necessary.