

<b>Case Number:</b>	CM14-0208795		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/14/2009
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal Medicine 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 (IW) is a 57-year-old woman with a date of injury of September 14, 2009. The mechanism of injury occurred when the IW was reaching overhead for a box, when the box fell and hit the outside of her knee. She suffered a meniscal tear and underwent surgery June of 2010. She did not have physical therapy. Due to a frozen left knee, she underwent a second surgery in May of 2013 to remove scar tissue. She developed a frozen right knee secondary to overcompensation. The IW underwent surgery on the right Knee in March of 2014. The injured worker's working diagnoses are degenerative joint disease; and knee dysfunction. Pursuant to the office visit note dated October 24, 2014, the IW complains of bilateral knee pain. Objectively, the IW has decreased gait speed and has significant tenderness to palpation in the bilateral knees. Range of motion is associated with significant pain. Swelling and erythema is noted in the bilateral knees. The IW is interested in considering radio frequency ablation of the articular nerves/ She has more pain on the right side and therefore she is interested in undergoing this procedure on the right side. The treating physician reports he will request a diagnostic block of the right knee genicular nerve, If the block is successful, she will be scheduled for cooled radio frequency ablation of the genicular nerve. The current request is for right knee nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Nerve Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Nerve Block

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Radiofrequency Neurotomy (of genicular nerves in knee)

**Decision rationale:** Pursuant to the Official Disability Guidelines, right knee nerve block (radio frequency neurotomy of genicular nerve in the knee) is not medically necessary. Radiofrequency neurotomy is not recommended until higher quality studies with longer follow-up periods are available to demonstrate the efficacy and also to track any long-term adverse effects. Radiofrequency neurotomy of the articular nerve branches in the knee provides a therapeutic alternative to management of chronic pain associated with osteoarthritis of the knee. In this case, the injured worker's working diagnoses are degenerative joint disease, symptomatic; and knee dysfunction, symptomatic. The physical examination addresses the knees bilaterally. Range of motion associated with significant pain and there is swelling and redness in the knees bilaterally. The treating physician indicates more pain on the right side and the patient is interested in undergoing the procedure (radio frequency). The treating physician will schedule a diagnostic block on the right knee genicular nerve and if the patient has a positive response she will then be scheduled for a cooled radiofrequency ablation of the genicular nerve. The guidelines do not recommend radiofrequency neurotomy until higher quality studies with longer follow-up periods are available to demonstrate efficacy. Consequently, a diagnostic knee block prior to performing radiofrequency ablation (neurotomy) is not clinically indicated. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, right knee your block (radio frequency neurotomy of genicular nerve in the knee) is not medically necessary.