

Case Number:	CM15-0004469		
Date Assigned:	01/15/2015	Date of Injury:	02/08/2006
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 42- year old male, who sustained an industrial injury on 2/8/06. He has reported left side low back pain and left knee pain. The diagnoses have included chronic knee pain, knee osteoarthritis, knee degenerative joint disease and internal knee derangement. Treatment to date has included left knee (ACL) Anterior Cruciate Ligament repair, left shoulder repair, left knee superolateral, superomedial inferolateral radiofrequency ablation with fluoroscopy, medications. Currently, the IW complains of left knee pain. The exam of 12/2/14 revealed tenderness upon palpation of the left lumbar paraspinal muscles, left knee and lumbar ranges of motion were restricted by pain, lumbar flexion was worse than lumbar extension. It is noted he has failed all surgical and non-surgical treatments. The previous left knee superolateral, superomedial inferolateral radiofrequency ablation with fluoroscopy provided 50% relief of knee pain 30minutes after the injection and lasting greater than 2 hours. On 12/22/14 Utilization Review non-certified a left knee superolateral, superomedial inferolateral radiofrequency ablation with fluoroscopy, noting it is not recommended until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of radiofrequency genicular neurotomy and to track any long-term adverse effects. The ODG was cited. On 1/8/15, the injured worker submitted an application for IMR for review of left knee superolateral, superomedial inferolateral radiofrequency ablation with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee superolateral, superomedial, inferolateral radiofrequency ablation with fluoroscopy: 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), Knee, Radiofrequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Radiofrequency neurotomy

Decision rationale: CA MTUS/ACOEM is silent on the issue of radio frequency neurotomy. ODG, Knee and Leg, Radio frequency neurotomy is not recommended until higher quality studies with longer follow up are available. As the guidelines do not recommend radio frequency neurotomy, the decision is for non-certification.