

<b>Case Number:</b>	CM15-0101762		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 37 year old male who sustained an industrial injury on August 2, 2012. He has reported pain in the left knee and has been diagnosed with unspecified internal derangement of the knee and injury of cruciate ligament. Treatment had included physical therapy, medical imaging, chiropractic care, medications, and injections. Examination of the lumbar spine revealed range of motion was full, including lumbar flexion, extension, lateral side bending, and rotation. Examination of the left knee revealed range of motion to forward flexion is 20 degrees and extension was at 20 degrees. There was no deformity or erythema. There was edema and tenderness to palpation over the medial/lateral joint lines. There was a positive anterior drawer test and a positive posterior drawer test. MRI of the left knee dated August 8, 2012 revealed there is a 20 mm fluid collection within the anterior intercondylar femur anterior to the AC ligament, intermediate grade partial tear of the AC ligament, prominent bursal fluid collection posterior to the distal patellar tendon, and increased intensity signal in the lateral meniscus with no clear evidence of tear. The treatment request includes diagnostic left geniculate nerve block with local anesthetic under fluoroscopic guidance x1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic left geniculate nerve block with local anesthetic under fluoroscopic guidance:**  
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 and leg (acute and chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, nerve block, radiofrequency neurotomy.

**Decision rationale:** Regarding the request for Diagnostic left geniculate nerve block, California MTUS does not address this topic and ODG does not recommend radiofrequency neurotomy to the knee. Guidelines state it is not recommended until higher quality studies are done. Within the medical information available for review, the physician is requesting the block to see if radiofrequency would help this patient, however radiofrequency is not recommended by guidelines. Therefore, the currently requested Diagnostic left geniculate nerve block is not medically necessary.