

<b>Case Number:</b>	CM15-0108035		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	06/17/2004
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 67 year old male who sustained an industrial injury on 6/17/04. The injured worker was diagnosed as having status post bilateral knee total knee arthroplasty and neck and back strain/sprain. Currently, the injured worker was with complaints of bilateral knee discomfort. Previous treatments included status post bilateral knee total knee arthroplasty; status post left shoulder surgery and physical therapy. Previous diagnostic studies included radiographic studies. The plan of care was for a nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Superior medical lateral, inferior medial geniculate nerve block qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Radiofrequency neurotomy (of genicular nerve in knee).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Radiofrequency Ablation (Genicular nerves).

**Decision rationale:** Regarding the request for superior medial lateral, inferior medial geniculate nerve block qty 1, California MTUS does not contain guidelines regarding this issue. ODG states that geniculate nerve blocks and radiofrequency ablation are not recommended. Within the documentation available for review, the requesting physician has not included peer-reviewed scientific literature of sufficient power to dispute guideline recommendations for this procedure. In the absence of such documentation, the currently requested superior medial lateral, inferior medial geniculate nerve block qty 1 is not medically necessary.