Case Number:	CM15-0138428		
Date Assigned:	07/28/2015	Date of Injury:	01/10/2008
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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: Illinois, California, Texas
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:

This injured worker is a 47-year-old male who sustained an industrial injury on 1/10/08. Injury occurred when a gallon drum of liquid rolled onto his left leg, causing the knee to bend backwards. This injury resulted in a deep vein thrombosis two weeks later. Past surgical history was reported positive for knee surgery x 3, including left knee arthroscopy with partial lateral meniscectomy and chondroplasty of the lateral femoral condyle on 3/31/09. He underwent a left knee bock under fluoroscopic guidance on 12/31/14 with initial significant pain relief following the procedure. The 4/9/15 treating physician report documented a diagnosis of knee joint pain, reflex sympathetic dystrophy of the lower limb, and at risk of deep vein thrombosis. The treatment plan included continued medications: Soma, Norco, ibuprofen, and Lyrica. The injured worker was diagnosed with a deep vein thrombosis of the left leg on 6/3/15. Ultrasound demonstrated an occlusive thrombus in the proximal left superficial femoral vein with partial thrombus in the mid-portion. The 6/16/15 treating physician report cited grade 7/10 left knee pain. Pain was described as numbness, sharp, aching, pins/needles, and shooting. Conservative treatment had included physical therapy, massage, chiropractic, and acupuncture in the past, all of which provided partial, brief, or temporary relief. Anti-inflammatory medications did not adequately relieve his pain. The goal was to reduce narcotic use by 70-80%. Physical exam documented focal, non-radicular left knee pain with pain and tenderness on palpation and range of motion limited by pain. There was 5/5 lower extremity motor strength and +2 and symmetrical deep tendon reflexes. The diagnosis included knee joint pain and long term use of medications. The treatment plan recommended left knee radiofrequency ablation to decrease pain and inflammation so the injured worker could better tolerate physical therapy and slow the progression of his disease. Authorization was requested for left knee radiofrequency ablation under fluoroscopic guidance. The 6/26/15 utilization review non-certified this request for left knee radiofrequency ablation as the recent clinical assessment did not specifically outline how

the left knee radiofrequency ablation was the appropriate tool for relieving his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Radiofrequency Ablation under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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: Radiofrequency neurotomy (of genicular nerves in knee); Neurotomy.

Decision rationale: The California MTUS guidelines do not provide recommendations for radiofrequency ablation of the knee. The Official Disability Guidelines state that radiofrequency neurotomy (of the genicular nerves in the knee) is not recommended in the knee until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of neurotomy, but also to track any long-term adverse effects. Radiofrequency neurotomy of genicular nerves has been suggested for chronic knee osteoarthritis patients with a positive response to diagnostic block. This injured worker presents with continued left knee pain. Conservative treatment has reportedly provided limited and temporary relief of symptoms. There is no diagnosis or current imaging evidence of osteoarthritis. There is no compelling rationale presented to support the medical necessity of radiofrequency ablation of the left knee as an exception to guidelines. Therefore, this request is not medically necessary.