MAXIMUS Federal Services

Case Number:	CM15-0140420		
Date Assigned:	07/30/2015	Date of Injury:	06/27/2011
Decision Date:	08/31/2015	UR Denial Date:	07/04/2015
Priority:	Standard	Application Received:	07/20/2015

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, Oregon, Washington
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 was a 58 year old female, who sustained an industrial injury, June 27, 2011.The injured worker previously received the following treatments Norco, Cymbalta, Ativan, Robaxin, colonoscopy, upper endoscopy and abdominal ultrasound. The injured worker was diagnosed with left total knee replacement, major depression, fibromyalgia, constipation and reflux disease. According to progress note of June 29, 2015, the injured worker's chief complaint was chronic neck pain, shoulder pain, hip pain and bilateral knee pain. The injured worker was status post left total; knee replacement and continued to suffer from severe pain. The physical exam noted the injured worker walks with a cane and limps on the left leg. The left knee showed limited range of motion of approximately minus 10 degrees of extension and approximately 80 degrees of flexion. There was no obvious instability. There was pain with palpation over the medial and lateral aspect of the joint. The patellar tracking was normal. The treatment plan included left knee nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Radiofrequency neurotomy (of genicular nerves in knee); Nerve excision (following TKA), 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee nerve blocks. Per ODG Knee, a radiofrequency neurotomy (of genicular nerves in 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. The proposed nerve block has been ordered to ascertain whether this patient is a candidate for a radiofrequency neurotomy (of genicular nerves in knee). As this treatment is unproven with regard to efficacy the requested procedure is not medically necessary.