

<b>Case Number:</b>	CM15-0189703		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 2, 2013. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve requests for genicular nerve block and an H-wave device. The claims administrator referenced an RFA form dated August 12, 2015 and an associated progress note of July 15 in its determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant reported ongoing complaints of knee pain, 9/10, exacerbated by bending, lifting, twisting, standing, and walking. The applicant exhibited decreased range of motion about the knee with diffuse tenderness noted. The applicant described as having chronic knee pain status post arthroscopy complicated by an apparent nerve injury. A genicular nerve block was sought on the grounds that an earlier sympathetic block had proven unsuccessful. An H-wave device was also seemingly sought. Lunesta was endorsed while the applicant was placed off of work, on total temporary disability. The attending provider acknowledged that the applicant's prognosis was "guarded." The attending provider made no mention of the applicant's having employed the H-wave device on a trial basis prior to this point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Injection - Geniculate 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 (ODG), Knee & Leg Chapter, Radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

**Decision rationale:** No, the request for a genicular nerve block injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive techniques such as cortisone injections are "not routinely indicated" in the treatment of applicants with knee pain complaints, as was/are present here. The attending provider's August 12, 2015 office visit, moreover, failed to clearly uncover, discuss, or establish why a genicular nerve pathology was suspected. The applicant had undergone an earlier knee arthroscopy as well as an earlier lumbar sympathetic block, presumably for diagnosis of knee internal derangement and/or complex regional pain syndrome, respectively. The attending providers August 12, 2015 progress note did not clearly establish or state why the presence of pathology associated with genicular nerve block was suspected. Therefore, the request was not medically necessary.

### **Durable Medical Equipment H-Wave Unit, Left Knee, Right Ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Similarly, the request for an H-wave unit [purchase] for the knee and ankle was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an H-wave device on a purchase basis should be justified by the documentation submitted for review, with evidence of beneficial outcomes present in terms of both "pain relief and function" during an earlier one-month trial of the same. Here, however, the attending provider's August 12, 2015 progress note made no mention of the applicant's having previously employed the device in question on a one-month trial basis before the request to purchase the same was initiated. Therefore, the request was not medically necessary.