

<b>Case Number:</b>	CM15-0194524		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2015

### 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

### 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 05-12-2014. The injured worker's work status is noted as total disability as of 06-29-2015. Medical records indicated that the injured worker is undergoing treatment for tibial plateau fracture status post open reduction and internal fixation, compartment syndrome status post fasciotomy, chronic pain syndrome, and industrial depression. Treatment and diagnostics to date has included bilateral superior genicular lateral nerve block, superior medial genicular nerve block, and inferior medial genicular nerve blocks on 07-27-2015 and use of medications. MRI of lower extremity joint report dated 02-26-2015 stated the lateral meniscus is likely torn and macerated, the anterior horn of the medial meniscus may also be torn, full thickness cartilaginous defects involving the lateral femoral condyle anteriorly where there is subchondral edema, and mild contusion pattern noted within the intercondylar region of the posterior femur. After review of progress notes dated 06-29-2015 and 08-24-2015, the injured worker reported ongoing pain in the left knee. Objective findings included use of cane for ambulation, well healed surgical scars along the left knee, and tenderness to palpation and point tenderness in the medial, lateral, superior, and inferior aspects of the knee. On 06-29-2015, the injured worker noted pain level of 4-8 out of 10 and "50% relief with the medication". The request for authorization dated 09-01-2015 requested genicular nerve block, left. The Utilization Review with a decision date of 09-09-2015 non-certified the request for genicular nerve block, left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genicular Nerve Block, left: 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 Chapter (Online Version) Genicular nerve block, Radiofrequency neurtomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Genicular nerve block.

**Decision rationale:** The current request is for a GENICULAR NERVE BLOCK, LEFT. Treatment and diagnostics to date has included bilateral superior genicular lateral nerve block, superior medial genicular nerve block, and inferior medial genicular nerve blocks on 07-27-2015, s/p ORIF, physical therapy, and use of medications. Work status: total disability. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter, under Genicular nerve block: See Radiofrequency neurotomy (of genicular nerves in knee). Radiofrequency neurotomy states: Not recommended until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of radiofrequency genicular neurotomy but also to track any long-term adverse effects. In one small study RF neurotomy of genicular nerves led to significant pain reduction and functional improvement in elderly patients with chronic knee OA pain who had a positive response to a diagnostic genicular nerve block, but they concluded that further trials with a larger sample size and longer follow-up were recommended. In regard to the genicular nerve block, such neurotomy procedures are not supported by ODG. While the patient presents with chronic left knee pain, and extensive treatment history directed at these complaints, ODG does not support this procedure for chronic pain at this time. ODG states that such procedures are not considered appropriate until higher quality studies clearly demonstrate glenicular neurotomy as an effective treatment option. Due to a lack of guideline support for the requested procedure, the request IS NOT medically necessary.