MAXIMUS Federal Services

| Case Number: | CM15-0209279 | | |
|---|---|---|---|
| Date Assigned: | 10/29/2015 | Date of Injury: | 06/17/2004 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

## 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: Arizona, California
Certification(s)/Specialty: Family Practice

## 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 68 year old male, who sustained an industrial injury on 6-17-2004. The injured worker is undergoing treatment for: bilateral knee pain, bilateral upper extremity pain, back and neck pain. On 4-22-15, 9-10-15, and 9-29-15, he reported pain to the bilateral knees. He is noted to have had a left geniculate nerve block on 9-4-15, which gave him 100 percent pain relief of neck pain for one day per the report. He rated his right knee pain 1-3 out of 10. He rated his left knee pain 3-8 out of 10 and indicated with flare-ups it reaches 10 out of 10. Neck pain is rated 2-3 out of 10. Physical examination revealed swelling of the left knee with decreased range of motion and tenderness noted, no instability noted; right knee with no swelling, noted decreased range of motion and tenderness, and no instability. There is no physical examination of the neck or back noted. The treatment and diagnostic testing to date has included: left knee arthroscopy (6-21-14), left knee replacement (2004), right knee replacement (2010), medications, at least 18 post-operative physical therapy sessions, geniculate nerve block left superior medial lateral and medial (9-4-15), at least 9 chiropractic sessions, x-rays of the bilateral knees (7-30-13), magnetic resonance imaging of the left knee (12-18-14), home exercise program, cervical fusion (2012). Medications have included: Norco, and topical cream. Current work status: permanent and stationary. The request for authorization is for: rhizotomy of the left superior medial, superior lateral, inferior medial geniculate nerve. The UR dated 10-16-2015: non-certified the request for rhizotomy of the left superior medial, superior lateral, inferior medial geniculate nerve.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Rhizotomy of the left superior medial, superior lateral, inferior medial geniculate nerve:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Physician. 2014 Nov-Dec; 17(6): 493-506. Pulsed radiofrequency of the composite nerve supply to the knee joint as a new technique for relieving osteoarthritic pain: a preliminary report. Vas L1, Pai R, Khandagale N, Pattnaik M.

**Decision rationale:** The guidelines do not discuss rhizotomy of the knee. Current studies are case based and offer alternative options for pain management in those with knee pain and arthritis. In this case, the claimant has chronic knee pain after knee replacement and has undergone therapy, pain medication and injections. The pain level is only 2-3/10. The rhizotomy is not yet established as standard practice due to lack of significant clinical studies. The request for a rhizotomy is not medically necessary.