

Case Number:	CM15-0213586		
Date Assigned:	11/03/2015	Date of Injury:	05/29/2002
Decision Date:	12/21/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old man sustained an industrial injury on 5-29-2002. Diagnoses include osteoarthritis of the knee. Treatment has included oral medications. Physician notes dated 10-12-2015 show complaints of bilateral knee pain. The physical examination shows moderate distress with anxiety and ambulation with a cane and an unsteady gait. Quadriceps muscles have a grade two strength bilaterally with pain to the bilateral knees. Range of motion of the bilateral knees is limited flexion 35 degrees, extension 45 degrees, internal rotation 15 degrees, external rotation 10 degrees, tenderness to palpation is noted to the lateral joint line, medial joint line, patella, and quadriceps tendons. There is a positive anterior drawer test, posterior drawer test, McMurray's test, bounce test, and crepitus with range of motion. Recommendations include bipolar genicular knee ablation, Tramadol, Gabapentin, compound cream, and follow up after ablation. Utilization Review denied a request for destruction by neurolytic agent on 10-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral bipolar radiofrequency ablation to knees Qty: 2: 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).

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), Radiofrequency neurotomy (of genicular nerves in knee).

Decision rationale: The claimant sustained a work injury in May 2002 when he twisted his left knee [REDACTED]. He had left knee arthroscopic surgery and subsequently underwent a left total knee replacement in 2003 and had a right total knee replacement in 2012. He was seen for an initial evaluation by the requesting provider on 10/12/15. He had pain rated at 6/10. He had limited sitting, standing, and walking tolerances due to pain. Vicodin was being prescribed. Physical examination findings included appearing in moderate distress. He was anxious and nervous. He had a slow and awkward gait. He had stooped posture and was using a cane and was unsteady. There was significantly decreased bilateral knee range of motion with joint line, patellar, and quadriceps tendon tenderness. Right knee anterior drawer, posterior drawer, McMurray, and Bounce testing was positive. There was crepitus with range of motion. Authorization was requested for bilateral genicular nerve knee ablation. Tramadol, gabapentin, and compounded cream was prescribed. Injury to the genicular nerve is a recognized potential complication and source of pain following knee surgery. In this case, the claimant has not undergone a diagnostic injection which would indicate that his knee pain was being transmitted by these nerve. Additionally, performing a genicular nerve ablation is not recommended. Higher quality studies with longer follow-up periods are needed to demonstrate the efficacy of radiofrequency genicular neurotomy and to evaluate for any long-term adverse effects. The requested radiofrequency ablation is not medically necessary.