

Case Number:	CM15-0030325		
Date Assigned:	02/24/2015	Date of Injury:	11/16/2011
Decision Date:	04/07/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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: Minnesota, Florida
 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 is a 40 year old obese female who sustained an industrial injury on 11/16/2011. The diagnoses have included right knee internal derangement, right knee meniscal tear, right knee degenerative joint disease and chronic right knee pain. Treatment to date has included multiple surgical interventions including microfracture, chondroplasty, synovectomy, osteochondral autograft transplant system and medication. Magnetic resonance imaging (MRI) of the right knee dated 1/3/2015 revealed a small effusion, patellofemoral chondromalacia and significant medial compartmental chondromalacia. According to the primary treating physician's progress report of occupational injury dated 1/13/2015, the injured worker was evaluated for chronic right knee pain with numbness and weakness of the right leg. Physical exam revealed tenderness to palpation of the right knee. Right knee range of motion was restricted by pain in all directions. Authorization was requested for a fluoroscopically guided right knee superolateral, superomedial, inferomedial intrapatellar genicular nerve block. According to the orthopedic progress report dated 1/19/2015, the injured worker complained of stiffness and irritability on the anterior aspect of the right knee with recurrent swelling. She was currently taking anti-inflammatory medication and modifying her activities as needed. Physical exam revealed tenderness to palpation on the anteromedial aspect of the joint with a mild McMurray's test. The plan was for a valgus unloader brace. On 2/12/2015, Utilization Review (UR) non-certified a request for Fluoroscopically guided right knee superolateral, superomedial, inferomedial intrapatellar genicular nerve block. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right knee superolateral, superopmedial, interomedial intrapatellar 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, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Genicular nerve blocks.

Decision rationale: The "geniculate" nerve block is a typographical error and I would assume the provider is referring to genicular nerves of the knee. The provider is requesting genicular nerve blocks under fluoroscopy for management of chronic knee pain due to chondromalacia. ODG guidelines indicate that radiofrequency neurotomy of genicular nerves in the knee is 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. While total knee arthroplasty is generally effective for patients with advanced disease, some older individuals with comorbidities may not be appropriate surgical candidates. Radiofrequency neurotomy of genicular nerves has been suggested for those chronic knee pain and osteoarthritis patients. The injured worker is not elderly and does not have comorbidities that would prevent surgical procedures. Based upon ODG guidelines, the request for genicular nerve blocks is not supported and as such, the medical necessity has not been substantiated.