

<b>Case Number:</b>	CM15-0053338		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	06/17/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 66 year old male sustained an industrial injury to bilateral knees, bilateral upper extremities, back and neck via cumulative trauma from 1996 to 6/04. Previous treatment included magnetic resonance imaging, bilateral total knee arthroplasty, physical therapy, left knee arthroscopy (6/21/14), cervical spine fusion and medications. In an interventional pain consultation dated 1/21/15, the injured worker complained of pain to the right knee 2-3/10 on the visual analog scale, pain to the left knee 7-8/10 and neck pain 2/10. Physical exam was remarkable for left knee with mild swelling, full, pain-free range of motion and tenderness to palpation over the lateral and medial joint lines with no instability and 5/5 strength. Current diagnoses included persistent left knee pain status post total knee arthroplasty. The treatment plan included diagnostic superior medial lateral inferior medial Geniculate nerve block for the left knee, medications (LidoPro topical ointment and Norco), and physical therapy twice a week for six weeks for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic superior medial lateral inferior medial Geniculate nerve block for the left knee:**  
Overturned

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 60.

**Decision rationale:** The claimant has a history of a work-related injury and continues to be treated for chronic knee pain and has undergone a knee replacement. ACOEM Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, the claimant has undergone knee replacement surgery. Injury to the genicular nerve is a recognized complication and can cause pain. Therefore, the requested left genicular nerve block is medically necessary.