

<b>Case Number:</b>	CM15-0053372		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<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:

The injured worker is a 54 year old male, who sustained an industrial injury on September 16, 2012. He reported injury to the right knee. The injured worker was diagnosed as having knee pain status post right knee arthroplasty, and prepatellar bursitis. Treatment to date has included medications, urine drug screening. On January 5, 2015, he was seen for right knee pain with numbness. The treatment plan included: continuation of Norco and Neurontin, request for functional restoration program, request for orthopedic shoe, continue ice applications as needed. He reported stopping the use of the neoprene knee brace because it was too tight. The request is for a right knee neoprene sleeve brace, and right knee genicular nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee Neoprene sleeve brace:** 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 and Leg chapter page 715, Pain chapter page 1350.

**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), Knee Brace.

**Decision rationale:** The claimant sustained a work-related injury as September 2012. Treatments have included a right total knee replacement. He continues to be treated for chronic right knee pain. Physical examination findings have included peripatellar tenderness and a knee effusion. Although there are no high quality studies that support or refute the benefits of knee braces for patellar instability, in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In this case, the claimant has previously worn a neoprene sleeve but discontinued wearing it due to poor fit. There is no documentation that supports the brace as having been effective or whether the claimant's condition worsened after he stopped using it. Replacing the neoprene sleeve is therefore not medically necessary.

**Right knee Genicular Nerve block:** 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), Knee and Leg chapter page 715, Pain chapter page 1350.

**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 sustained a work-related injury as September 2012. Treatments have included a right total knee replacement. He continues to be treated for chronic right knee pain. Physical examination findings have included peripatellar tenderness and a knee effusion. 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 ongoing knee pain after knee replacement surgery. Injury to the genicular nerve is a recognized potential complication and source of pain following this procedure. Therefore, the requested left genicular nerve block is medically necessary.