

Case Number:	CM15-0056682		
Date Assigned:	04/01/2015	Date of Injury:	08/07/2001
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 56 year old male, who sustained an industrial injury on 08/07/2001. The initial complaints and diagnoses were not found in the clinical notes. Treatment to date has included conservative care, medications, X-rays, CT scans and MRIs of the right knee, conservative therapies, multiple right knee surgeries, and right knee replacement and revision. Currently, the injured worker complains of constant unremitting pain to the right knee despite medications, physical therapy, electrical stimulation, bracing of the knee, surgery and topical medications. The diagnoses include status post right knee replacement with residual pain, right knee neuroma. The treatment plan consisted of repeat request for pulse radiofrequency and saphenous nerve block with fluoroscopy and intravenous sedation to the neuroma on the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroma right knee with pulse radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, RFA.

Decision rationale: The medical records support that the insured has pain in the knee but does not indicate results of diagnostic peripheral nerve block for the reported neuroma. ODG supports RFA for neuroma when there is positive diagnostic block confirming presence of neuroma and positive effect of analgesia with at least 70% reduction in pain. As the medical records do not indicate such findings, RFA of neuroma is not supported congruent with ODG guidelines. Therefore this request is not medically necessary.

Saphenous nerve block with fluoroscopy and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee, Nerve Block.

Decision rationale: The medical records support that the insured has pain in the knee but does not indicate the role of saphenous nerve block for treatment of pain. There is no indication of for requirement of fluoroscopy or need for IV sedation. ODG supports peripheral nerve block for diagnostic purpose or for local analgesia for a procedure. As the medical records do not indicate such findings, saphenous nerve block is not supported congruent with ODG guidelines. Therefore, this request is not medically necessary.