MAXIMUS Federal Services

Case Number:	CM14-0180713		
Date Assigned:	11/05/2014	Date of Injury:	11/10/2011
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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. The expert reviewer is Board Certified in Neurology; has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old man who sustained a work related injury that occurred on November 10, 2011. Subsequently, he developed chronic left knee pain. On February 21, 2014, the patient underwent left posterior cruciate ligament reconstruction and partial medial meniscectomy. Despite surgery and prolonged physical therapy, the patient has had ongoing left leg swelling, stiffness, and weakness and tenderness with hypersensitivity. The patient has undergone left knee MR arthrogram on May 8, 2014. It showed no evidence of recurrent or residual meniscal tear and changes consistent with posterior cruciate ligament reconstruction with graft intact. The anterior cruciate, medial collateral and lateral collateral ligaments were normal. Chondromalacia was noted along the medial facet of the patellofemoral joint and medial femoral condyle. According to the progress report dated September 23, 2014, the patient complained of left knee pain and hypersensitivity. The patient reported increased cramping and rated his pain at 3/10. On examination, the patient was tender to palpation over the left hardware. There was diffuse tenderness and hypersensitivity noted. The patient was diagnosed with thoracic sprain/strain, lumbar sprain/strain, and bilateral sacroiliac joint sprain and complex regional syndrome of the left lower extremity. The provider is requesting authorization for Sympathetic block left knee injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic block left knee injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nerve Blocks Page(s): 67, 55-56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: There is no documentation that the patient developed complex regional syndrome. Except for pain, there is no other information submitted confirming the diagnosis of complex regional syndrome. Edema and skin abnormalities are missing from the provider report. Therefore, Sympathetic block left knee injection is not medically necessary.