

Case Number:	CM14-0093384		
Date Assigned:	07/25/2014	Date of Injury:	11/24/2008
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 injured worker is a 31-year-old male who reported injury on 11/24/2008. The mechanism of injury was the injured worker was pulling pallets. The injured worker underwent surgery on the right knee. The surgical interventions included a retinacular release and arthroscopy of the right knee on 05/05/2009 and a medial femoropatellar ligament reconstruction. Prior treatments were noted to include medications including Oxycontin and Percocet and as well as SUPARTZ injections. The injured worker's current medications were noted to include Oxycontin 20 mg twice a day, Percocet 10/325 mg 1 to 2 four times a day, and lactulose as needed. The injured worker underwent a right medial and lateral superior genicular nerve block and a right medial inferior genicular nerve block on 04/10/2014. The documentation of 04/10/2014 revealed the injured worker reported 4.5 hours relief. The injured worker had stopped Oxycontin and Percocet prior to the injection. The injured worker's activity was noted to be greatly improved with an ability to kneel, tie his shoes, and walking or standing the injured worker had minimal discomfort. The injured worker was noted to be urine drug screen appropriate. The physical examination revealed the injured worker had no tenderness over the knee to palpation and no swelling. There was noted to be tenderness over the patella and lateral joint margin of the left knee. The range of motion was within normal limits. The diagnoses included chronic right patella instability, status post right knee reconstruction, chronic opioid use, and insomnia. The treatment plan included a radiofrequency ablation. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Radiofrequency Neurotomy right knee lateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Coblation Therapy.

Decision rationale: The Official Disability Guidelines indicate that coblation therapy is under study. There are no randomized controlled trials in the medical literature demonstrating the efficacy of coblation technology and related devices for the treatment of joint or musculoskeletal soft tissue conditions. The clinical documentation submitted for review indicated the injured worker had relief for 4.5 hours and objective functional improvement. However, the treatment is under study, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Outpatient Radiofrequency Neurotomy right knee lateral is not medically necessary.