

<b>Case Number:</b>	CM14-0211635		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: California, Tennessee, South Carolina  
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 58-year-old female with a 4/29/11 date of injury, status post right knee arthroscopic patellofemoral chondroplasty, lysis of adhesions, and lateral release on 1/11/12, and status post right knee patellofemoral joint arthroplasty on 11/30/12. At the time (11/11/14) of request for authorization for right knee superiomedial, superiolateral, inferomedial geniculate block per report 11/11/14, Fluoroscopy guidance, Moderate sedation, and Retrospective In-office 12 panel drug screen DOS: 10/14/14, there is documentation of subjective (chronic right knee pain exacerbated by prolong activities) and objective (tenderness to palpation over the medial and lateral joint lines of the right knee, restricted right knee range of motion, and 1+ edema) findings, current diagnoses (right knee internal derangement and chronic right knee pain), and treatment to date (Orthovisc injections, physical therapy, and home exercise program). Medical report identifies a request for right knee superiomedial, superiolateral, inferomedial geniculate percutaneous radiofrequency treatment/block with fluoroscopy guidance and moderate sedation. 12/9/14 medical report identifies that a urine drug screen is necessary as a baseline prior to providing the patient a new prescription of Norco on 10/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Superiomedial, Superiolateral, Inferomedial Geniculate Block per report 11/11/14: 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 & Leg (updated 10/27/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Radiofrequency Neurotomy (of genicular nerves in knee).

**Decision rationale:** MTUS does not address this issue. ODG states that radiofrequency neurotomy (of genicular nerves in knee) is not recommended until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of radiofrequency genicular neurotomy but also to track any long-term adverse effects. Therefore, based on guidelines and a review of the evidence, the request for Right Knee Superiomedial, Superiolateral, Inferomedial Geniculate Block per report 11/11/14 is not medically necessary.

**Fluroscopy guidance:** 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 & Leg (updated 10/27/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Radiofrequency Neurotomy (of genicular nerves in knee).

**Decision rationale:** MTUS does not address this issue. ODG states that radiofrequency neurotomy (of genicular nerves in knee) is not recommended until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of radiofrequency genicular neurotomy but also to track any long-term adverse effects. Therefore, based on guidelines and a review of the evidence, the request for Fluoroscopy Guidance is not medically necessary.

**Moderate 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 Chapter, Radiofrequency Neurotomy (of genicular nerves in knee).

**Decision rationale:** MTUS does not address this issue. ODG states that radiofrequency neurotomy (of genicular nerves in knee) is not recommended until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of radiofrequency genicular

neurotomy but also to track any long-term adverse effects. Therefore, based on guidelines and a review of the evidence, the request for Moderate Sedation is not medically necessary.

**Retrospective In-office 12 panel drug screen DOS: 10/14/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 77.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines supports the use of a urine drug screen to assess for the use or the presence of illegal drugs as a necessary step to take before a therapeutic trial of opioids. Within the medical information available for review, there is documentation of diagnoses of right knee internal derangement and chronic right knee pain. In addition, given documentation of a request for urine drug screen as a baseline prior to providing the patient a new prescription of Norco on 10/14/14, there is documentation that a urine drug screen is being used to assess for the use or the presence of illegal drugs as a necessary step before a therapeutic trial of opioids. Therefore, based on guidelines and a review of the evidence, the request for Retrospective In-office 12 panel drug screen DOS: 10/14/14 is medically necessary.