

Case Number:	CM15-0124227		
Date Assigned:	07/08/2015	Date of Injury:	03/15/2014
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 65-year-old male, who sustained an industrial injury on March 15, 2014. The injured worker was diagnosed as having status post right total knee replacement. Treatment to date has included surgery, physical therapy, injections and medication. A progress note dated May 4, 2015 provides the injured worker complain of right knee pain rated 4/10. He reports occasional sharp pain rated 8/10. He reports he had numbness in the right knee after previous trigger point injections. The plan includes physical therapy, referral to psychiatrist and support stockings. The injured worker missed a follow-up appointment on June 15, 2015 due to traffic problems. The recommendation is for physical therapy, support stockings, knee brace and nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation of the genivular right knee nerves, quantity of 2: 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 Chapter.

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), Radiofrequency neurotomy (of genicular nerves in knee).

Decision rationale: MTUS is silent reference ablation of the genicular nerves. ODG states "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. In one small study RF neurotomy of genicular nerves led to significant pain reduction and functional improvement in elderly patients with chronic knee OA pain who had a positive response to a diagnostic genicular nerve block, but they concluded that further trials with a larger sample size and longer follow-up were recommended. (Choi, 2011) Radiofrequency (RF) neurotomy of articular nerve branches in the knee (genicular nerves) provides a therapeutic alternative for management of chronic pain associated with osteoarthritis of the knee. While TKA is generally effective for patients with advanced disease, some older individuals with comorbidities may not be appropriate surgical candidates. Radiofrequency neurotomy of genicular nerves has been suggested for chronic knee OA patients with a positive response to diagnostic block. See also Nerve excision (following TKA)." Guidelines recommend against the request treatment due to lack of high quality studies that demonstrate the efficacy of this treatment. As such, the request for Radiofrequency ablation of the genicular right knee nerves, quantity of 2 is not medically necessary.