MAXIMUS Federal Services

Case Number:	CM15-0127268		
Date Assigned:	07/13/2015	Date of Injury:	03/28/2011
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 27-year-old male who sustained a work related injury March 28, 2011. An MRI of the right knee, dated March 29, 2011, showed a tear of the medial meniscus and partial tear of the anterior cruciate ligament. A physical medicine and rehabilitative physician's report dated May 1, 2015, recapped the injured workers early past history, which included a history of a pulmonary embolus, left lung, and deep vein thrombosis, right calf diagnosed April 3, 2011, in the emergency room with discharge April 11, 2011, after treatment. He had another episode of chest pain April 14, 2011, delaying the planned knee surgery. On December 5, 2011, he underwent a right anterior cruciate ligament reconstruction with allograft and right knee partial medial meniscectomy, followed by post-operative physical therapy. On July 5, 2012, he underwent excision of deep prominent hardware. According to a primary treating physician's progress report, dated April 29, 2015, the injured worker presented with complaints of lower right back pain due to altered gait. Physical examination revealed tenderness to palpation of the right knee. Muscle girth is symmetric and strength is 5/5 in all limbs. Right knee ranges of motion were restricted by pain in all directions. There is no instability and tenderness on palpation of the medial joint line and prepatellar. Impressions are right knee pain; right knee internal derangement; s/p right knee surgery. At issue, is the request for authorization for fluoroscopically guided right knee nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right knee superomedial, superolateral, and inferomedial geniculate nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter- Genicular nerve block.

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, Genicular nerve block, Radiofrequency neurotomy (of genicular nerves in knee), and Neurotomy.

Decision rationale: Regarding the request for fluoroscopically guided right knee superomedial, superolateral, and inferomedial geniculate nerve block, CA MTUS does not address the issue. ODG cites that geniculate blocks and neurotomies are not recommended in the knee until higher quality studies with longer follow-up periods are available to demonstrate the efficacy and track any long-term adverse effects. In light of the above issues, the currently requested fluoroscopically guided right knee superomedial, superolateral, and inferomedial geniculate nerve block is not medically necessary.