

Case Number:	CM15-0061013		
Date Assigned:	04/07/2015	Date of Injury:	06/17/2004
Decision Date:	05/14/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 67-year-old male, who sustained an industrial injury on 6/17/04. He has reported bilateral knee injuries with pain. The diagnoses have included status post bilateral total knee arthroplasty (TKA) with the left dated 2004 and the right was dated 2010. There was another left total knee arthroplasty (TKA) dated 6/21/14 with persistent left knee status post total knee arthroplasty (TKA) and iliotibial band syndrome. Treatment to date has included medications, physical therapy, surgery, diagnostics, home exercise program (HEP), and chiropractic sessions. Surgery has included bilateral total knee arthroscopy. The Magnetic Resonance Imaging (MRI) of the left knee was done on 12/18/14. The x-rays of the bilateral knees were done on 7/30/13. The current medications included Norco and cream for knee. Currently, as per the physician progress note dated 2/25/15, the injured worker complains of continued right and left knee pain status post bilateral total knee arthroplasty (TKA). He has completed post-operative physical therapy with some benefit and would like additional therapy. He also states that he has started to take pain medications again due to the severity of pain. The right knee was rated 2-3/10 on pain scale, the left knee was rated 7-8/10 on pain scale, and it can go to 10/10 with flare-ups. The left knee exam revealed mild swelling with some sanguineous drainage from the incision sites and the incisions were clean and dry. There was also tenderness to palpation over the lateral joint line. The physician noted that he was to continue with home exercise program (HEP), with daily walking, he was given a script for Ultracet pain medication and conservative treatment with Superior Medial Lateral, Inferior Medial Genicular Nerve Block and Follow up with Pain Management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Superior Medial Lateral, Inferior Medial Geniculate Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter - Radio-Frequency Neurotomy.

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

Decision rationale: 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. 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. This procedure is not medically necessity.

Follow-Up with Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the pain management consult will address. The request is not medically necessary.

