

Case Number:	CM15-0066137		
Date Assigned:	04/13/2015	Date of Injury:	09/19/2000
Decision Date:	05/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 62-year-old female who sustained an industrial injury on 9/19/00 reported knee pain after a slip and fall. Past surgical history was positive for 6 right knee surgeries, including right total knee replacement. The 3/16/15 initial treating physician report cited constant right knee pain with associated stiffness. Pain ranged from grade 3/10 to 9/10. Pain was worse with sitting, standing, and walking, and better with rest, stretching, exercise, medications, lying flat and heat. Prior conservative treatment had included physical therapy, massage, acupuncture, medication, psychotherapy, Toradol injections, and chiropractic treatment. Right knee exam documented focal non-radicular pain, tenderness, allodynia, redness, decreased sensation, and a small amount of edema. Motor testing documented 4/5 right and 5/5 left global lower extremity strength. Deep tendon reflexes were +2 and symmetrical. The diagnosis included knee joint painful on movement, allodynia, reflex sympathetic dystrophy of the lower extremity, and long term use of medications. The treatment plan included prescriptions for Ultram and Norco. A TENS unit was dispensed. Right knee genicular nerve block under fluoroscopic guidance was recommended to decrease pain and inflammation so the injured worker could better tolerate physical therapy and slow the progression of the disease. The 3/30/15 utilization review non-certified this request for right knee genicular nerve block under fluoroscopic guidance as guidelines do not recommend radiofrequency neurotomy of the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Knee Genicular Nerve Block under Fluoroscopic 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 (Acute & Chronic), Radiofrequency neurotomy (of genicular nerves in knee).

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

Decision rationale: The California MTUS guidelines do not provide recommendations for this procedure. The Official Disability Guidelines state that radiofrequency ablation of the knees 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. Guidelines state that radiofrequency (RF) neurotomy of articular nerve branches in the knee (genicular nerves) may be a therapeutic alternative for management of chronic pain associated with osteoarthritis of the knee. Guideline criteria have not been met. This patient presents with chronic right knee pain and lower extremity symptoms suggestive of complex regional pain syndrome. She has not been diagnosed with osteoarthritis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Given the absence of guideline support, this request is not medically necessary.