

Case Number:	CM15-0075711		
Date Assigned:	04/27/2015	Date of Injury:	09/30/2004
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on 9/30/04 when her left ankle was run over, smashed her arch and caused nerve damage. As she stood up she fell and hurt her right ankle and knee. Her pain was worse with sitting, standing and walking and improves with stretching, rest, pool therapy, medications, heat, ice and medical marijuana. She had sleep difficulties and was limited in activities of daily living. She currently complains of numbness, aching and sharp, shooting pain in bilateral knees. She had a genicular nerve block to the right knee done 1/28/15 resulting in decrease of pain from 7-8/10 to 5-6/10. Medications are Norco, Celebrex, gabapentin, Dyna compound cream, ibuprofen, Lidoderm 5% topical film. Diagnoses include knee pain; allodynia; reflex sympathetic dystrophy of the lower limb; long term use of medications. Treatments to date include physical therapy; massage therapy; chiropractic treatment; acupuncture all of which provided partial, brief or temporary relief; home exercise helped minimally; non-steroidal anti-inflammatories did not provide adequate relief. Diagnostics include MRI of the right knee (2014) with abnormalities but no meniscal tear. In the progress note dated 2/5/15 the treating provider's plan of care indicates that the injured worker is aware of the risks when doing a radiofrequency ablation at the right knee under arthroscopic guidance. The goal is to decrease pain and inflammation so the injured worker can better tolerate physical therapy and slow the progression of disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient radiofrequency ablation for the right knee under fluoroscopic guidance:
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 ODG and knee chapter and pg 22.

Decision rationale: According to the guidelines, radiofrequency ablation falls under electrothermal shrinkage. It is not recommended due to short term benefit. In this case, the claim has already undergone numerous interventions. A recent MRI had not significant abnormalities. The request for the ablation is not medically necessary.