

<b>Case Number:</b>	CM15-0093131		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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

### 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 48 year old male who sustained a work related injury June 29, 2009. While carrying a 60 pound bucket, his foot slipped and he felt a pop in the left knee with an immediate onset of pain. He was treated with medication, physical therapy and placed on light work duty. An MRI of the left knee revealed a meniscal tear with an articular cartilage irregularity. He underwent a left knee arthroscopic debridement of the medial and lateral meniscus, noting a complex tear of both with chondromalacia about the medial femoral condyle with fissuring and cracking, November, 2009. In November 2012, he underwent a repeat arthroscopic left knee surgery with harvesting, and October 2013, another harvesting of biopsy tissue and in October 2014, he underwent a left knee debridement, noting a failed Carticel transplant medially, and a successful lateral chondrocyte transplant. According to a primary treating physician's progress report dated April 6, 2015, the injured worker presented with increasing left knee pain, rated 7-8/10, which is described as constant. He has tried home exercise, physical therapy, and massage therapy, all of which have provided minimal or temporary pain relief. Diagnoses are anterior knee pain; tear of meniscus of knee; chronic pain syndrome. Treatment plan included request for authorization for a fluoroscopically guided nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Left genicular nerve block under fluoroscopy: 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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Genicular nerve block.

**Decision rationale:** The patient presents with LEFT knee pain rated 7-8/10. The request is for LEFT GENICULAR NERVE BLOCK UNDER FLUOROSCOPY. The request for authorization is dated 04/15/15. The patient is status-post multiple LEFT knee surgeries, most recent dated 10/07/14. MRI of the LEFT knee, 10/06/12, shows status-post high -grade medial partial meniscectomy, no definite re-tear, and mild posteromedial bursitis, limited cartilage loss along the inner margin of the medial condyle. MRA of the LEFT knee, 08/15/14, shows intact medial collateral ligament superficial fibers, but the deep fibers are disrupted. Physical examination reveals reduced range of motion. The patient has tried home exercises, physical therapy and massage therapy, all of which have provided minimal or temporary pain relief. The patient has had injections in the knee with transient relief. Patient wears a brace. Patient's medications include Ibuprofen and Metformin. Per progress report dated 04/30/15, the patient is placed off work. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter, under Genicular nerve block: "See Radiofrequency neurotomy (of genicular nerves in knee)." Radiofrequency neurotomy 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)" Treater does not discuss the request. In this case, while the patient presents with chronic pain in the LEFT knee, and an extensive treatment history directed at these complaints, ODG does not support the procedure for chronic pain at this time. Therefore, the request IS NOT medically necessary.