

Case Number:	CM15-0095918		
Date Assigned:	05/22/2015	Date of Injury:	07/03/2014
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50-year-old male sustained an industrial injury on 7/3/14. He subsequently reported right knee pain. Diagnoses include lumbar strain and sprain, right knee internal derangement, right knee chondromalacia and right shoulder strain. Treatments to date include MRI and x-ray testing, acupuncture, injections, right knee and right shoulder surgery, physical therapy and prescription pain medications. The injured worker continues to experience right knee, right shoulder and bilateral low back pain. Upon examination, tender paralumbar muscles, right shoulder and right knee medial joint tenderness was noted. Ranges of motion of lumbar spine, right shoulder and right knee were painful. Straight leg raising test was negative bilaterally. A request for Right Knee Injection (Fluoroscopically-Guided Right Knee Superiolateral, Superiomedial, Inferiomedial Geniculate Nerve Blocks) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Injection (Fluoroscopically-Guided Right Knee Superiolateral, Superiomedial, Inferiomedial Geniculate Nerve Blocks): 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 (Acute & Chronic), Genicular Nerve Block.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: According to MTUS guidelines, and knee steroid injection is an option for severe osteoarthritis. However, there is no strong evidence supporting its efficacy. In this case, there is no documentation of failure of conservative therapy. There is no documentation of severe osteoarthritis pain. Therefore, the request for Right Knee Injection (Fluoroscopically Guided Right Knee Superiolateral, Superiomedial, Inferiomedial Geniculate Nerve Blocks) is not medically necessary.