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DATE: 5/5/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right knee genicular nerve block injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is Certified by The American Board of Physical Medicine and Rehabilitation with over 20 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female X who injured her right knee on the job while involved in a head on collision.

XX/XX/XX: XX order sheet. Dx: right knee contusion, exacerbation of pre-existing, and right knee djd. He ordered Physical therapy 3 times per week for 4 weeks.

XX/XX/XX: Physical therapy notes: Primary DX: Right knee contusion/ DJD right knee. PT DX: Pain, decreased strength, ROM, funct mobility. Claimant c/o pain with ambulation. Claimant is currently unable to remain working. Pain description is aching, sharp, tender, tightness, and pain with end ROM. Pain is rated at a 6 on a scale of 1-10. Right knee ROM- active ROM. LE testing position is sitting. Digits, ankle, and hip are within functional limits. Knee ROM is -5 to 95 degrees. LE ROM limitation- soft tissue tightness, POM. LE ROM comments are moderate to severe pain with palpitation to RLE knee. Manual Muscle Test- LE GMMT is great toe, digit, ankle, and hip gross MMT is 5 normal. Knee is 3+/5 to 4-/5 with pain.

XX/XX/XX: PT notes indicate that claimant reports her doctor's office is working on getting her approved for Supartz injections for her right knee due to ongoing pain that she continues to have. ODI current state is CJ-20-35% impaired. ODI goal status is CH-0% impaired. Mobility G-code. Patient complains of pain level of 4. Goal is 0/10. No ambulation assistive devices. Claimant had a fair ambulation tolerance with decreased strength and pain. Antalgic gait with full ROM at knee. Exercises include Seated LAQ for 5 minutes at 0 resistance. 10 minutes with L5 resistance of squats. Scifit LE Bike for 10 min with L4 resistance. Shuttle 8 min with resistance of 3 bands. Treatment modalities of ice pack on the knee for 15 min per pt tolerance/ skin wnl. Daily note assessment: Patient may benefit from injections to help with knee –pain. Patient will be D/C'd to independent HEP at the end of POC, continue PT.

XX/XX/XX: PT notes indicate claimants doctor's office is still working on getting her approved for Supartz injection to help with knee pain she continues to have. She is to continue with her HEP as instructed as her POC is completed. Claimant had a fair ambulation tolerance with decreased strength and pain. Antalgic gait with full ROM at knee. Exercises include Seated LAQ for 5 minutes at 0 resistance. 10 minutes with L5 resistance of squats. Scifit LE Bike for 10 min with L4 resistance. Shuttle 8 min with resistance of 3 bands. Treatment modalities of ice pack on the knee for 15 min per pt tolerance/ skin wnl. Patient is ready to D/C from PT at this time. Patient has made some improvement with PT, but continues to have some pain at and ranges of motion. D/C PT at this time to HEP. See D/C summary. CI is 1-19% impaired.

XX/XX/XX: Discharge summary. PT Dx: Pain, decreased strength, ROM, function mobility. Light duty per doctor's orders. Pain at right knee with end ROM and FWB. Patient reports that she is still having pain and is awaiting other options medical options for her knee. Patient has had 10 PT visits.

XX/XX/XX: Progress notes state that claimant was referred for right knee pain. She has undergone right knee Supartz injections, which did not help her right knee pain. She has been diagnosed with work- related exacerbation of pre-existing patellofemoral osteoarthritis of the right knee as well as posttraumatic genicular nerve neuritis. She has swelling of the right leg, as well as hypersensitivity in the medial aspect of her knee. She is unable to work. She has also had physical therapy, which only helps temporarily as well. She is currently taking meloxicam 15mg once daily, tizanidine 2 mg t.i.d, lyrica 75 mg t.i.d, and Norco 10 mg p.r.n. Knee instability tests are negative bilaterally. There is weakness noted in right quad, 4/5 strength. Palpitation reveals tenderness over her right knee genicular nerves. Plan was to have right knee genicular nerve block injections pre-certified. If authorized and relieves relief from the injections, the next step will be right knee genicular nerve radiofrequency ablation.

XX/XX/XX: UR. Rationale: Genicular nerve blocks are not recommended by the ODG due to lack of evidence for efficacy and no information regarding long-term adverse effects. There was documentation that a physical therapy evaluation was conducted. I discussed the case with XX. He described the treatment as relatively new with anecdotal success of 70-80%. The request does not met guideline criteria. Most importantly, there were no additional physical therapy progress notes with information regarding response and plateau to treatment. The request is not certified.

XX/XX/XX: UR. Rationale: I discussed the case with XX. The request was previously non certified, as genicular nerve blocks are not recommended by the ODG due to lack of evidence for efficacy and no information regarding long-term adverse effects as well as lack of physical therapy progress notes with information regarding response and plateau to treatment. No additional information was submitted for review. The previous non certification is supported. The nerve blocks are not supported by the guidelines; there are no high quality studies with long follow periods available to determine the efficacy of the blocks. The appeal of a previously noncertified request for a right knee nerve block injection is not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse decisions are overturned. Given the mechanism of injury of contusion in a head on collision, persistent and consistent exam findings specific for tenderness/nerve irritation, and exhaustion of conservative care with viscosupplementation injections. Medications (including oral NSAIDs, neuroleptics, muscle relaxants, opioid analgesics), 10 PT visits, compliant home exercise program, and activity modification ("unable to work"). Therefore, the request for right knee genicular nerve block injections are approved.

Per ODG…..

Genicular nerve block	Not recommended. See Nerve block; Radiofrequency neurotomy (of genicular nerves in knee).

Nerve block	Recommended only for evaluation and treatment of neuromas, but not for genicular nerves (arthritis, post-TKA). The purpose of performing a diagnostic injection or block of any nerve around the knee would be to assess whether marked pain relief occurs. It could be accompanied with cortisone which could potentially be therapeutic. In the case of the genicular nerves, such blocks have been requested primarily to argue for unproven treatments like neurotomy, ablation, or neurectomy, and these are not recommended due to lack of sufficient evidence. See Nerve excision (following TKA); Neurotomy; Radiofrequency neurotomy (of genicular nerves in knee).

Radiofrequency neurotomy (of genicular nerves in knee)	Not recommended. See Neurotomy, which is not recommended in the knee until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of neurotomy, but also to track any long-term adverse effects.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**