

True Decisions Inc.
An Independent Review Organization

Phone Number:
(512) 298-4786

2771 E Broad St. Suite 217 #121
Mansfield, TX 76063

Email: truedecisions@irosolutions.com

Fax Number:
(512) 872-5099

Notice of Independent Review Decision

Case Number:

Date of Notice: 02/17/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physican Medicine And Rehab

Description of the service or services in dispute:

Left Genicular Nerve Block for Superior-Lateral, Superior Medial, and Inferio-Medical Genicular Nerves

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female who reported injury on XX/XX/XX. The patient was diagnosed with left knee pain. The mechanism of injury was descending 3 flights of stairs when her right knee began to burn, and became painful. Prior treatment includes physical therapy. An MRI of the left knee performed on XX/XX/XX revealed likely sequela of prior medial meniscectomy; however, abnormal morphology, and signal intensity of the medial meniscus posterior horn approaching the posterior horn root insertion, most compatible with complex tear demonstrating an oblique component and possible bucket handle component; there is possible flipped fragment overlying the medial meniscus posterior horn root insertion; low grade chondromalacia, and early degenerative changes; possible tiny loose body within the popliteal hiatus; and trace nonspecific joint effusion. On XX/XX/XX, the patient complained of left knee pain, described as aching, dull, sharp, shooting, stabbing, throbbing, and tightness. Frequency of the pain was constant. The patient rated her pain as 9/10 on VAS. Exacerbating factors included working and walking. Relieving factors included rest. Associated signs and symptoms included stiffness and weakness. Surgical history included left meniscus repair x2, operative reports not provided. On physical exam, gait and station revealed bilateral symmetry of length, alignment, and position. There was no examination of the knee submitted for review. The patient denied taking medications. The patient was recommended a left genicular nerve block for superolateral, superomedial, and inferomedial genicular nerves to address complaints of left knee pain.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The request for left genicular nerve block for superolateral, superomedial, and inferomedial genicular nerves is not medically necessary. The Official Disability Guidelines do not recommend genicular nerve blocks in the knee. The previous request was denied based on the request is not supported by the guidelines. There were no additional clinical notes submitted for review addressing this point. Per the clinical notes submitted for review, the patient continued to complain of left knee pain rated as 9/10 on VAS, despite surgical intervention, and conservative treatment to include physical therapy. However, there were no exceptional

factors noted within the documentation which would demonstrate medical necessity for the requested treatment outside of the recommended guidelines. Additionally, there was no evidence on imaging or physical exam of chronic knee osteoarthritis. Therefore, the request for left genicular nerve block for superolateral, superomedial, and inferomedial genicular nerves is not supported and the prior denial is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)