

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: GENICULAR NERVE RADIOFREQUENCY ABLATION FOR OSTEOARTHRITIC KNEE PAIN

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medical necessity of genicular nerve radiofrequency ablation (RFA) for osteoarthritic (OA) knee pain. The literature suggests a low-quality, consistent body of evidence suggesting that RFA safely relieves pain and improves function in patients with OA related knee pain lasting more than 3 months that is refractory to conservative treatment. RFA is a minimally invasive procedure that has been used to relieve chronic OA knee pain in patients unwilling or ineligible to undergo a surgical intervention.

POLICY:

There is currently no MCG Careweb guideline on genicular nerve RFA. This CCHP policy will be used to determine the medical necessity of genicular nerve RFA:

Genicular nerve RFA may be indicated when **ALL** of the following are present:

- 1) Chronic OA knee pain (at least 3 months' duration)
- 2) Failure of 3 months or more of nonoperative management, as indicated by **ONE** of the following:

Effective: 10/19

Revised:

Reviewed: 10/21

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- a) Exercise program
 - b) Weight loss
 - c) Pharmacotherapy
 - d) Corticosteroid injection
- 3) Imaging studies have ruled out other causes of knee pain (eg fracture, tumor)
 - 4) No coagulopathy
 - 5) No current infection
 - 6) Local anesthetic block of genicular nerve has been completed within 6 months of the authorization request and achieved $\geq 50\%$ pain relief from baseline

REFERENCES:

1. Peripheral Nerve Ablation for Treatment of Osteoarthritic Knee Pain. Hayes, a Division of TractManager. Copyright © 2019 TractManager September 19, 2017
2. Choi WJ, Hwang SJ, Song JG, et al. Radiofrequency treatment relieves chronic knee osteoarthritis pain: A double-blind randomized controlled trial. *Pain*. 2011;152(3):481-487.
3. Ikeuchi M, Ushida T, Izumi M, Tani T. Percutaneous radiofrequency treatment for refractory anteromedial pain of osteoarthritic knees. *Pain Med*. 2011;12(4):546-551.
4. Sari S, Aydin ON, Turan Y, Ozlulerden P, Efe U, Kurt Omurlu I. Which one is more effective for the clinical treatment of chronic pain in knee osteoarthritis: radiofrequency neurotomy of the genicular nerves or intra-articular injection? *Int J Rheum Dis*. 2016.
5. Shen WS, Xu XQ, Zhai NN, Zhou ZS, Shao J, Yu YH. Radiofrequency thermocoagulation in relieving refractory pain of knee osteoarthritis. *Am J Ther*. 2016.
6. Santana Pineda MM, Vanlinthout LE, Moreno Martin A, van Zundert J, Rodriguez Huertas F, Novalbos Ruiz JP. Analgesic effect and functional improvement caused by radiofrequency treatment of genicular nerves in patients with advanced osteoarthritis of the knee until 1 year following treatment. *Reg Anesth Pain Med*. 2017;42(1):62-68.
7. Kidd, Vasco Deon et al. Genicular Nerve Radiofrequency Ablation for Painful Knee Arthritis: the Why and the How. *JBJS Essential Surgical Techniques*: March 26, 2019 - Volume 9 - Issue 1 - p e10
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