

Case Number:	CM14-0178772		
Date Assigned:	11/03/2014	Date of Injury:	07/15/2012
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a knee brace; an arthroscopic knee surgery of May 17, 2013; an earlier knee corticosteroid injection; and multiple viscosupplementation injections. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for an aspiration and injection of the ganglion cyst of the knee. The claims administrator, in its denial, did allude to an MRI of the knee of June 10, 2014, which was notable for small 2.5 cm anterior ganglion cyst with associated effusion. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant reported ongoing complaints of knee pain. The attending provider complained about the utilization review process, 6/10 right knee pain and 5/10 left knee pain were noted. The applicant was working with restrictions in place, 5 days a week. The applicant was using both Celebrex and glucosamine-chondroitin. The applicant apparently received a knee corticosteroid injection in the clinic setting. The attending provider posited that the applicant's knee pain was a function of symptomatic ganglion cyst. The applicant was asked to continue both Celebrex and glucosamine-chondroitin. The applicant was overweight, it was acknowledged, although her weight was not stated. Work restrictions were endorsed. It was suggested on several occasions that the applicant was working with limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspiration and injection ganglion cyst right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 08/25/14)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 346, the aspiration of tense acute effusions is "recommended." In this case, the attending provider has posited that the applicant has a clinically evident, radiographically confirmed symptomatic ganglion cyst and associated effusion of the right knee. Pursuing an aspiration injection of said cyst/effusion is indicated, per ACOEM. Therefore, the request is medically necessary.