

Case Number:	CM14-0034559		
Date Assigned:	06/20/2014	Date of Injury:	04/12/2013
Decision Date:	07/24/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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:

This is a 50-year-old gentleman who injured his right knee on 4/12/13. The clinical records provided for review include the report of an magnetic resonance imaging (MRI) of the right knee dated 10/21/13 that identified a large ganglion cyst at the medial gastrocnemius muscle extending proximally with the medial and lateral meniscus described as unremarkable. There were no other significant findings including joint effusion or cartilage breakdown. The clinical progress report dated 2/14/14 noted continued complaints of pain in the knee. Objective findings on examination identified tenderness over the medial and posterior aspect of the knee, motion greater than 120 degrees, no instability, and discomfort posteriorly. The claimant was noted to have failed conservative care. The recommendation was made for knee arthroscopy, meniscectomy, and cyst aspiration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Possible Meniscal Surgery Aspiration of Cyst: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-45.

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM) Guidelines would not recommend meniscal surgery in this setting. The claimant's magnetic resonance imaging (MRI) report identifies a ganglion cyst but does not reveal any indication of meniscal pathology. The cyst appears to generate from the gastrocnemius. The medical records do not identify an acute indication for the role of surgical arthroscopy for this diagnosis. One would assume that treatment for the MRI findings would be geared toward possible guided aspiration. Based on a lack of internal knee pathology including unremarkable meniscal findings on MRI with no concordant findings on examination, the role of surgical process would not be supported.

Twelve Physical Therapy Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.