

Case Number:	CM14-0059550		
Date Assigned:	07/09/2014	Date of Injury:	02/14/2003
Decision Date:	08/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/30/2014

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 47-year-old male laborer sustained an industrial injury on February 14, 2003. The mechanism of injury was not documented. The March 16, 2012 left knee MRI impression documented small joint effusion, scarring of the infrapatellar Hoffman's pad, and mild chondromalacia patella. The March 17, 2014 treating physician report cited moderate to occasionally severe left knee pain with popping, clicking, numbness, tingling, and giving way. Pain increased with squatting, uneven surfaces, kneeling, or stair climbing. A TENS (transcutaneous electrical nerve stimulation) unit was providing temporary benefit. The patient was not undergoing physical therapy. Exam documented a tender subcutaneous prepatellar bursal nodule, anterolateral knee. The treatment plan recommended excision. The March 27, 2014 utilization review denied the request for excision of the bursal nodule. There was tenderness noted relative to the nodule, but functional limitation were not specified and there was no indication that conservative treatment had failed. There was no mention of a cyst or nodule on imaging. The reported mechanical symptoms would not be related to the nodule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of Bursal Nodule Left Anteriolateral Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Popliteal cyst excision.

Decision rationale: The Knee Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines state that cyst excision is generally not recommended. For symptomatic knee cysts, guidelines recommend that non-surgical treatment be attempted for at least six months. Guideline criteria have not been met. There is no evidence that the bursal nodule is functionally limiting or causing the reported knee pain and mechanical symptoms. There is no evidence that conservative treatment has been attempted. There was no imaging evidence of this nodule. Therefore, this request for an excision of bursal nodule left anterolateral knee is not medically necessary or appropriate.