MAXIMUS Federal Services

Case Number:	CM14-0071179		
Date Assigned:	07/14/2014	Date of Injury:	04/14/2011
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old female with date of injury of 04/14/2011. The listed diagnoses per [redacted] dated 04/1/2014 are: Torn right lateral meniscus, painful popliteal cyst of the right knee, painful ganglion semimembranosus in the right knee, right knee arthroscopy from 12/03/2013. According to this report the patient complains of right knee pain. The objective findings noted medial fluid collection in the hamstrings, and there is sharp posterior pain reported. There is no swelling or lumps reported. There is a +3 swelling in the medial hamstring. The Active range of motion (AROM) is 10-125 degrees. The MRI of the right knee on 04/14/2014 showed residual horizontal tear in the medial meniscus. There are multiple ganglion cysts adjacent to the anterior root ligaments, of both the medial and lateral menisci. There is increased joint effusion, overall moderate synovial proliferation. Interval increase of semimembranosus bursitis, and unchanged large popliteal cyst with an intracystic body residing dependently within the cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

Invasive radiology to drain cysts and inject with Depo Medrol, right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines and Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 12/03/2013. The provider is requesting an invasive radiology to drain cyst and inject with Depo-Medrol to the right knee. The MTUS and ACOEM Guidelines do not address this request. However, ODG on popliteal cyst excision states that it is generally not recommended. In most cases, a Baker's cyst can be treated nonsurgically. A popliteal cyst, also known as Baker's cyst, is a benign swelling of the semimembranosus or more rarely some other synovial bursa found behind the knee joint, located in the popliteal space. The criteria for popliteal cyst excision include: If the cyst is asymptomatic, no treatment may be necessary, treat the underlying condition of osteoarthritis or meniscus problems, unless there is calf swelling and Deep vein thrombosis (DVT) suspicion, attempt nonsurgical treatments over at least 6 months, etc.The progress report dated 01/04/2014 notes that the patient continues to report right knee pain, and the exam shows medial fluid collection at the hamstrings, and there is a +3 swelling in the medial hamstring bursa. The provider notes swelling in the right knee. Given the patient's significant symptoms, recommendation is medically necessary.