

Case Number:	CM15-0213069		
Date Assigned:	11/02/2015	Date of Injury:	11/05/2013
Decision Date:	12/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 50 year old female, who sustained an industrial injury on 11-05-2013. The injured worker is being treated for chronic pain of left knee, and left knee effusion. Treatment to date has included diagnostics, surgical intervention and medications. Per the Emergency Department (ED) physician documentation dated 7-21-2015, the injured worker presented for evaluation of severe left knee pain for the past three weeks. She reported that she had arthroscopic surgery in March 2015 with partial medial and lateral meniscectomies. She has osteoarthritis of the knee and has been unable to see her orthopedic surgeon for the past few weeks. She states that she has been given no pain medication since the surgery. She was prescribed Norco 5-325mg and ibuprofen 800mg on 4-22-2015 and Norco 5-325mg on 6-11-2015. Objective findings of the left knee included a non-tense joint effusion, no increased temperature and full range motion. Drawer sign was negative, with no gross laxity. X-ray dated 4-22-2015 was read by the provider as "joint effusion without bony abnormality." Percocet was administered. On 10-01-2015, MRI revealed osteoarthritis. Utilization Review non-certified the request for left knee Baker cyst removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee baker cyst removal: 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 & Leg - popliteal cyst excision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Popliteal cyst excision.

Decision rationale: ODG guidelines indicate if the cyst is asymptomatic no treatment may be necessary. Treat the underlying condition of osteoarthritis or meniscus problems. Unless there is swelling or DVT suspicion nonsurgical treatment should be attempted for at least 6 months these include elevation, icing, physical therapy, draining the fluid from the cyst and corticosteroid injection. If these treatments fail and the cyst is painful or particularly bothersome surgery may be an option but recurrence rates are extremely high. In this case, the obvious cause is osteoarthritis of the knee and removing the cyst will likely result in recurrence. Conservative treatment is therefore advised. In light of the foregoing, the request for Baker's cyst excision is not supported and the request is not medically necessary.