

<b>Case Number:</b>	CM15-0222455		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 56 year old male, who sustained an industrial injury on 10-08-2008. Medical records indicated that the injured worker is undergoing treatment for bilateral primary osteoarthritis of knee. Treatment and diagnostics to date has included physical therapy (to upper extremity), pain psychology sessions, cognitive behavioral therapy, and medications. Recent medications have included Mobic, Norco, and Neurontin. Work status is not documented in recent progress reports. Subjective data (08-05-2015 and 09-29-2015), included left knee pain. The injured worker reported "some increase in swelling recently" on 09-29-2015. Objective findings (09-29-2015) included "slight increase" in both effusion and soft tissue swelling to left knee with painful range of motion and tenderness in patella tendon, medial hamstrings, medial and lateral joint line, and lateral popliteal fossa. The request for authorization dated 09-29-2015 requested ultrasound guided aspiration of left popliteal cyst to left knee and 8 sessions of physical therapy to left knee. The Utilization Review with a decision date of 10-14-2015 denied the request for aspiration of popliteal cyst to left knee, ultrasound guidance for aspiration of popliteal to left knee, and physical therapy to left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guidance of popliteal cyst aspiration, left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg (updated 7/10/15) Ultrasound, diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Helfgott SM, et al., Popliteal (Baker's) cyst, Topic 14924, version 11.0, Up-To-Date, accessed 12/25/2015.

**Decision rationale:** Popliteal cysts (or Baker's cysts) are pockets of fluid in the back of the knee. The MTUS Guidelines are silent on this issue. They tend to form when there is underlying joint disease, such as degeneration or inflammation, involving the knee. The main treatment is aimed at controlling the underlying condition that caused the cyst to form, such as arthritis or meniscal injury (a part of the knee joint). People with cysts who have no symptoms do not require direct treatment of the cysts. Symptoms may include increased knee pain or stiffness, and examination usually shows a lump behind the knee. When the symptoms remain despite treatment of the underlying joint disease, glucocorticoids (a strong medicine that treats inflammation) injected into the knee joint is usually helpful. Aspiration, or drainage with a needle that is inserted into the cyst using images produced by sound waves (ultrasound) as guide, followed by injection with glucocorticoids can be helpful if medication injected into the knee joint did not improve the person's symptoms. The submitted and reviewed documentation indicated the worker was experiencing left knee pain with swelling. An examination documented close to the date of the request mentioned findings suspicious for a Baker's cyst. There was no report of glucocorticoids injected into the joint having no effect or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for aspiration of a left knee popliteal cyst using ultrasound guidance is not medically necessary.

**Physical therapy x8 sessions for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing left knee pain with swelling. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for eight physical therapy sessions for the left knee is not medically necessary.