

Case Number:	CM15-0031035		
Date Assigned:	02/24/2015	Date of Injury:	06/27/2014
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female who sustained an industrial related injury on 6/27/14. The injured worker had complaints of left knee pain. Diagnoses included synovial cyst of popliteal space, knee pain, and sprain of knee. Treatment included left knee Baker's cyst needle aspiration under fluoroscopy on 11/14/14. Medications included Ibuprofen and Norco. The treating physician requested authorization for an outpatient MRI of the left knee without contrast and transfer of care to an orthopedic doctor. 1/7/15 orthopedic report noted that MRI done in July 2014 noted a large multiloculated popliteal cyst that appeared to be coming from the origin of the medial head of the gastrocnemius. She had failed PT and NSAIDs, and an aspiration was performed, but only about 50% of the cyst was able to be removed by the radiologist. She continued to have persistent pain. On exam, there is tenderness and fullness consistent with a residual popliteal cyst. As the entire cyst could not be aspirated, the orthopedist recommended a repeat MRI to determine the current size, extent, and location of the cyst prior to consideration for surgery. On 1/29/15 the requests were non-certified. Regarding the MRI, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there were no significant changes in signs and symptoms. Therefore the request was non-certified. Regarding transfer of care, the UR physician cited the MTUS guidelines and noted the referral should specify the concerns to be addressed in the consultation included relevant medical and non-medical issues as well as diagnoses. The medical records do not note those, therefore the request was non-certified. Records do not note those, therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the left knee without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and algorithms 13-1 and 13-3.

Decision rationale: Regarding the request for MRI, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is documentation of a large cyst that was unable to be completely aspirated. The patient continued with symptoms/findings despite conservative management. The provider wishes to repeat the MRI after the attempted aspiration to determine the current size, extent, and location of the cyst prior to consideration for surgery. Given that the cyst was unable to be aspirated and the patient continues to be asymptomatic, a repeat MRI for the purpose of surgical consideration/planning appears appropriate. In light of the above, the currently requested MRI is medically necessary.

Transfer of care (TOC) to orthopedic doctor: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for transfer of care to orthopedics, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has persistent symptoms and findings attributed to a Baker's cyst. This has failed aspiration and surgery is being considered. As such, it does not appear that the occupational medicine provider has additional treatment to offer to the patient. In light of the above, the currently requested transfer of care to orthopedics is medically necessary.