

<b>Case Number:</b>	CM14-0183530		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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:

According to the records made available for review, this is a 53-year-old male with a 4/18/11 date of injury. At the time (10/20/14) of the Decision for Retrospective : Ultrasound Guided Aspiration of Ganglion Cyst of the left knee done on 9/23/14 and 10/2/14, there is documentation of subjective (left knee pain) and objective (left knee medial joint line tenderness with mild effusion and mild crepitus) findings, imaging findings (MRI left knee (6/5/14) report revealed small joint effusion and minimal baker's cyst visualized), current diagnoses (patellar tendinitis and left knee internal derangement), and treatment to date (physical therapy and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Ultrasound Guided Aspiration of Ganglion Cyst of the left knee done on 9/23/14 and 10/2/14:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee; Hyaluronic Acid Injections (Supartz Injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 396. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Popliteal Cyst Excision

**Decision rationale:** MTUS identifies documentation of a traumatic effusion without signs of infection, as criteria to support the medical necessity of aspiration of the Knee for diagnostic purpose. ODG identifies documentation of a symptomatic cyst, as additional criteria to support the medical necessity of aspiration of the Knee. Within the medical information available for review, there is documentation of diagnoses of patellar tendinitis and left knee internal derangement. In addition, given documentation of subjective (left knee pain) and objective (left knee medial joint line tenderness with mild effusion and mild crepitus) findings, and imaging finding (MRI left knee identifying small joint effusion and minimal baker's cyst visualized); there is documentation of a symptomatic cyst. Therefore, based on guidelines and a review of the evidence, the request for the Retrospective Ultrasound Guided Aspiration of Ganglion Cyst of the left knee done on 9/23/14 and 10/2/14 is medically necessary.