MAXIMUS Federal Services

Case Number:	CM14-0184597		
Date Assigned:	11/12/2014	Date of Injury:	12/03/1997
Decision Date:	12/18/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 71-year-old female who reported an injury on 12/03/1997 due to an unknown mechanism. Diagnoses were synovial cyst of popliteal space (pain in joint, lower leg). Past treatments were injections, medications. Physical examination on 10/17/2014 revealed straight leg raise test was positive on the left. Examination of the left lower extremity revealed normal painless full range of motion, no gross abnormalities. It was reported that the injured worker complained of left knee pain. It was stated that the pain increased when walking and standing longer than 4 to 5 minutes. The injured worker also reported she was unable to complete her everyday activities due to the pain. The injured worker reported a Baker's cyst was found on MRI, to be enlarging. There was tenderness to touch on the posterior left knee. The injured worker reported a 99% reduction in pain since the procedure. The injured worker reported that the medications Soma, Lidoderm patches, Voltaren gel helped with daily pain to be tolerable. Treatment plan was to continue current pain medication regimen. Also, there was a Request for Authorization for a left Baker's cyst steroid injection. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Bakers Cyst Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Popliteal Cyst Excision

Decision rationale: The request for left Baker's cyst steroid injection is not medically necessary. Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. The Official Disability Guidelines' criteria for popliteal cyst excision are: If the cyst is asymptomatic, no treatment may be necessary; Treat the underlying condition if osteoarthritis or meniscus problems; unless there is calf swelling and deep vein thrombosis (DVT suspicion, attempt nonsurgical treatments over at least 6 months. These options are: rest; elevating the leg; icing to reduce inflammation; physical therapy to control swelling; draining the fluid from the cyst; and cortisone injection to reduce inflammation. After this, surgical removal of a Baker's cyst is then an option for people who find the cyst painful or particularly bothersome, but even after it is surgically removed, there is a likelihood that the Baker's cyst will recur. The medical guidelines state that nonsurgical treatments should be attempted for at least 6 months. Recommendations are rest, elevating the leg, icing to reduce inflammation, and physical therapy. There were no reports of initiating ice, physical therapy, rest or elevating the leg. Clinical documentation submitted for review does not provide evidence of nonsurgical treatments for at least a 6 month period. It was reported that the medications the injured worker was currently taking did help manage breakthrough pain that occurred during the day. Furthermore, the guidelines indicate that cortisone injections may provide short term improvement in symptoms of osteoarthritis of the knee. The patient continues to report 99% improvement in pain from the previous left knee intra-articular corticosteroid injection. There was no rationale detailing a clear indication for why the injured worker needed a left Baker's cyst steroid injection. Therefore, this request is not medically necessary.