MAXIMUS Federal Services

Case Number:	CM15-0011761		
Date Assigned:	01/29/2015	Date of Injury:	08/06/2009
Decision Date:	03/19/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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: Illinois, California, Texas
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 59 year old male, who sustained an industrial injury on 8/6/2009. The patient has been treated for low back, right shoulder, bilateral knee and bilateral hip pain. Past surgical history included bilateral knee arthroscopies, in September 2010 and August 2010. Treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), analgesics, physical therapy, steroid injections to knee, and Supartz injection right knee. The 10/27/14 consult report indicated that the patient had acute onset of medial thigh pain, swelling, and ecchymosis at the time of injury. The ecchymosis resolved with some residual fullness and pain. On physical exam, there was some swelling but no discrete mass in the right medial thigh. There were no skin changes and the area was mildly tender. The 11/21/14, Magnetic Resonance Imaging (MRI) of the right lower extremity revealed a 6.5 x 4 x 2.3 cm lipoma in deep subcutaneous tissue corresponding to the palpable lump. Currently, the IW complains of continued knee pain with reports of locking, catching and giving out. On 12/22/14, physical examination documented a mild antalgic gait with cane, right knee with limited range of motion, crepitus, and effusion. There was medial and lateral joint line tenderness. X-ray of the knee on this date revealed moderate medial joint space narrowing. No acute process. Evaluation completed 12/23/14 diagnosed a right thigh lipoma with the plan of care to schedule excision of the lipoma. On 1/8/2015 Utilization Review non-certified EXC Thigh/Knee Les SC 3 CM (Excision of right thigh lipoma), noting the documentation did not include functional limitations to support medical necessity. The MTUS and ACOEM Guidelines did not address this request.

The ODG Guidelines were cited. On 1/20/2015, the injured worker submitted an application for IMR for review of EXC Thigh/Knee Les SC 3 CM (Excision of right thigh lipoma).

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of right thigh lipoma: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee/Leg Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg: Incision and Drainage

Decision rationale: The California MTUS guidelines do not provide recommendations for lipoma removal. The Official Disability Guidelines state that removal of cysts is recommended if their appearance has become unsightly, the cysts have become painful, they have recurred, an infection has developed, they are enlarging, or if they have produced an infected discharge. Guideline criteria have been met. There is evidence that this mass is relatively large and plausibly knee/limb function-limiting. Therefore, this request for excision of the right thigh mass possible lipoma) is medically necessary for diagnostic and therapeutic purposes.