

Case Number:	CM15-0120788		
Date Assigned:	07/01/2015	Date of Injury:	03/19/2013
Decision Date:	08/04/2015	UR Denial Date:	06/14/2015
Priority:	Standard	Application Received:	06/22/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 41 year old female with an industrial injury dated 03/19/2013. The injured worker's diagnoses include lumbar disc herniation at L5-S1 and status post right knee arthroscopy and partial meniscectomy with popliteal cyst. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/20/2015, the injured worker reported right knee pain, low back pain and left leg radiculopathy. Objective findings revealed right knee medial joint line tenderness and complaints of some fullness in the popliteal fossa. There was no varus or valgus instability noted on exam. The treating physician prescribed services for one ultrasound guided aspiration of popliteal fossa now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound guided aspiration of popliteal fossa: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: ACOEM Guidelines state that needle joint aspiration is not routinely indicated and carries the inherent risk of intraarticular infection. In this case the request is for the aspiration of a popliteal cyst. There is a high risk of recurrence of effusion after aspiration but the procedure may be worthwhile in cases of large effusions or infection. The ODG states that popliteal cysts can be treated non-surgically in most cases. Spontaneous resolution is common without any treatment. If a cyst is asymptomatic, no treatment is necessary. Ultrasound guidance is generally not necessary in draining a popliteal cyst. In this case, the patients' knee pain does not appear to be related to the popliteal cyst. There is also no dysfunction of the knee related to the cyst. Therefore this request is deemed not medically necessary at this time.