

Case Number:	CM13-0001140		
Date Assigned:	04/16/2014	Date of Injury:	12/01/2012
Decision Date:	05/22/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/10/2013

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:

The claimant is a 55-year-old female who sustained an injury to the left upper extremity on 12/01/12. Clinical records provided for review include a 06/12/13 progress report that indicates the claimant was diagnosed with de Quervain's tenosynovitis, a ganglion cyst and medial epicondylitis of the right wrist. Corticosteroid injection of the medial epicondyle was recommended at that time. A discussion regarding surgical excision of the ganglion cyst was also noted. A 08/13/13 follow up evaluation documented that the claimant was status post a de Quervain's tenosynovitis release, resection of a radial ganglion cyst, and resection of an ulnar ganglion cyst at five days after surgery in a splint. Further documentation of preoperative records had indicated a physical therapy program as well as a 04/23/13 progress report that demonstrated the claimant had injections to both the first dorsal extensor compartment for de Quervain's diagnosis as well as the ganglion cysts. The progress report noted that the claimant continued to be symptomatic and was felt to be a surgical candidate. This review is for resection of the prior ganglion cyst and deQuervain's release.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT WRIST DEQUEVAINS RELEASE, RADIAL CYST RESECTION, ULNAR GANGLION RESECTION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: Based on California ACOEM Guidelines the surgical process that ultimately took place at the end of July 2013, left wrist de Quervain's release, radial cyst resection, ulnar ganglion resection, would have been recommended as medically necessary and supported by the ACOEM Guideline. This individual continued to be symptomatic from both a diagnosis of ganglion cyst as well as de Quervain's tenosynovitis. The claimant had failed previous injection procedures for each diagnosis. Therefore, the surgery based upon the claimant's continued symptomatic complaints was warranted and is certified.