

Case Number:	CM13-0018200		
Date Assigned:	10/11/2013	Date of Injury:	10/21/2012
Decision Date:	01/14/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 physician 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 patient is a 66-year-old female who reported an injury on 10/21/2012 after a box weighing approximately 23 pounds tilted and began to fall causing the patient to attempt to catch it resulting in an injury to her right wrist. The patient underwent an MRI that revealed there was a tear of the triangular fibrocartilage complex. The patient was initially treated with medications and physical therapy and splinting. The most recent physical exam findings include degenerative changes at the basal joint and proximal interphalangeal joints of the fingers of the right hand, tenderness to palpation of the right radial styloid and carpometacarpal joint (CMCJ), decreased range of motion in flexion and extension, a positive Finkelstein's test, and decreased motor strength secondary to pain. The patient's diagnoses included a tear of the triangular fibrocartilage ligament of the right wrist, and a ganglion cyst of the right wrist. The patient's treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery for ganglion cyst, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Triangular fibrocartilage complex (TFCC) reconstruction. .

Decision rationale: The requested right wrist surgery for ganglion cyst and triangular fibrocartilage complex tear is not medically necessary or appropriate. Although the patient does have persistent pain complaints that have not responded to physical therapy, splinting, and medications, the clinical documentation does not indicate that the patient has exhausted all conservative measures prior to surgical intervention. The American College of Occupational and Environmental Medicine recommends surgical intervention for a ganglion cyst after the patient fails to respond to aspiration of the cyst. The clinical documentation submitted for review does not provide evidence that there has been any attempt to aspirate the patient's cyst to alleviate symptoms. Official Disability Guidelines recommend arthroscopic repair for the triangular fibrocartilage complex for injuries causing ulnar-sided wrist pain. The clinical documentation indicates that the patient's wrist pain has been persistent despite conservative measures. Although surgical intervention for the patient's triangular fibrocartilage complex injury may be supported, the request as it is written is not supported as the patient has not failed to respond to all conservative measures for the patient's ganglion cyst. Therefore, the right wrist surgery for ganglion cyst and triangular fibrocartilage complex tear is not considered medically necessary or appropriate.