

Case Number:	CM13-0042140		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2013
Decision Date:	05/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

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:

This claimant is a 43-year-old individual who was injured in a work-related accident on September 6, 2013. Clinical information available for review in this case includes a most recent progress report of October 14, 2013, where the claimant was diagnosed with left wrist pain, a ganglion cyst, and carpal tunnel syndrome. It states objectively there was a 2cm mass on the dorsal aspect of the medial side of the left wrist consistent with a ganglion cyst. Negative Phalen's testing, and positive Tinel's testing were noted. Surgery was recommended. It states that conservative measures, including an aspiration, have not taken place and that the claimant wishes to proceed with operative excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist excision of mass: Upheld

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: The California ACOEM guidelines state that ganglion cyst excision cannot be recommended in the absence of prior aspiration. Since prior aspiration has not occurred in the

case of this patient, the ganglion cyst excision cannot be recommended. As such, the request is not medically necessary.