

Case Number:	CM13-0044381		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2009
Decision Date:	04/29/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Internal Spine 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 is a 39 year-old female with a 7/10/09 industrial injury claim. She has been diagnosed with s/p release A-1 pulley, right thumb, release right 1st dorsal compartment, Oct. 2010; left lateral epicondylitis, s/p cortisone injection x1; right lateral epicondylitis s/p cortisone injection x1; left dorsal wrist ganglion cyst. According to the 9/16/13 hand surgery/orthopedic report the patient presents with pain and swelling of the left hand and back side of wrist radiating to the left elbow; numbness tingling in all left fingers; limited left elbow motion and inner portion of left elbow pain with lifting. The plan was "exact same recommendations (requested on 4/1/13) excision biopsy left dorsal wrist ganglion cyst, reconstruction left dorsal wrist wound. The 4/1/13 report is the initial hand surgery report. The physician recommended OT 3x4 one day after surgery; custom splint; Norco #90, CPM for 30 days; Thermo Cool compression therapy for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EXCISION BIOPSY LEFT DORSAL WRIST GANGLION CYST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The 4/1/13 orthopedic report states the patient's left wrist ganglion cyst was watched for several years, and now there was some loss of motion. He requested excision and biopsy. MTUS/ACOEM guidelines states that only symptomatic wrist ganglia merit excision if aspiration fails. There is no indication that aspiration has been attempted. The request for excision of the ganglia without attempting aspiration is not in accordance with MTUS/ACOEM guidelines.

1 RECONSTRUCTION LEFT DORSAL WRIST WOUND: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

Decision rationale: The patient has a left wrist ganglion cyst. The request was for surgical excision, then reconstruction of the surgical wound. The patient has not met the MTUS/ACOEM criteria for the left wrist ganglion excision. Without the ganglion excision, there is no surgical wound that needs to be reconstructed. Reconstruction of a non-existent wound is not necessary.

12 VISITS POST-OP OT 3X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with a left wrist ganglion cyst. Surgical excision was not able to be recommended as there has been no attempts at aspiration. Without surgery, the need for post-surgical PT is moot. MTUS post-surgical guidelines state that after ganglion cyst surgery, a general course of therapy is 18 sessions, and the initial course is 9 sessions. The request for 12 post-op PT sessions will exceed the MTUS post surgical guideline recommendations, and without the surgery, 12 sessions of PT will exceed the MTUS chronic pain guidelines, recommendations of 8-10 sessions for various myalgias and neuralgias.

1 CUSTOM WRIST SPLINT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand (Acute & Chronic).

Decision rationale: MTUS/ACOEM does not recommend splinting for a ganglion cyst, but does have some recommendations for post-operative splinting. In this case, the patient has not met the MTUS/ACOEM criteria for a ganglion surgery. Without the surgery, the post-operative splinting is not necessary.

30 KEFLEX 500MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines. Other Medical Treatment Guideline or Medical Evi.

Decision rationale: The request for the antibiotic was in anticipation for the ganglion excision. The surgical procedure was not approved, and there is no rationale provided for use of antibiotics in the absence of surgery or infection. The use of Keflex in this situation without a surgery or infection is not the generally accepted standard of medical practice

90 NORCO 10-325MG WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints Page(s): 8-9 of 127.

Decision rationale: The patient presents with a left wrist ganglion cyst. The 4/1/13 report did not discuss Norco, and stated the medications were deferred to the PTP. The 4/4/13 report from [REDACTED] states Norco was discontinued, and the patient is taking Ultram and Anaprox. The 3/6/13 infectious disease report from [REDACTED] shows the patient takes Vicodin at night to control pain. The UR letter shows Norco was denied from 10/16/13 to 2/13/14. The 9/16/13 report from [REDACTED] states medications deferred to the PTP, and [REDACTED] 10/14/13 report does not discuss Norco. The 9/30/13 report from [REDACTED] does not mention medications. There is no indication the patient is on Norco and no indication that [REDACTED] prescribed Norco. A trial of Norco may be indicated as the patient does have pain, but the request as written for Norco with a refill cannot be recommended. The refill would be dependent on whether the initial trial provided functional benefit. I am not able to offer partial certification for the IMR, so the whole request as written cannot be recommended.

30 DAYS CONTINUOUS PASSIVE MOTION THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient presents with a left wrist ganglion cyst. Surgical excision was not able to be recommended as there has been no attempts at aspiration. ODG guidelines support use of a CPM following a flexor tendon surgery, but in this case, the flexor tendons are not involved and the anticipated surgery was for a dorsal wrist ganglion. Since the surgery was not approved, the CPM does not appear necessary.

30 DAYS POSTOPERATIVE THERMOCOOL COMPRESSION THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient presents with a left wrist ganglion cyst. Surgical excision was not able to be recommended as there has been no attempts at aspiration. ODG guidelines do not discuss continuous flow compressive cryotherapy for the wrist/forearm, but does discuss this in the shoulder, knee and carpal tunnel syndrome chapters. The therapy is only recommended in the post-operative setting, and for no more than 7-days in all cases. However, since the surgery was not approved, the post-operative use of a thermocool compressive therapy unit for 30-days is not necessary.