

Case Number:	CM13-0058546		
Date Assigned:	12/30/2013	Date of Injury:	01/24/1994
Decision Date:	05/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 Pennsylvania. 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 66-year-old gentleman who was injured in a work related accident on January 24, 1994. The clinical records provided for review included an assessment on October 24, 2013 that documented a chief complaint of a cyst in the first web space of the left hand. Physical examination findings showed the left hand to have a superficial cyst non-tender in nature with the remainder of the hand examination noted to be unremarkable. The claimant was diagnosed with a cystic mass of the left hand. Surgical excision was recommended. In reviewing the Final Determination Letter for IMR Case Number CM13-0058546 3 clinical records documentation regarding conservative care was for the diagnosis of De Quervain's tenosynovitis but there was no documentation of a previous aspiration of the cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXCISION OF A CYST IN THE LEFT HAND: 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 fail to support the medical necessity of cyst removal of the left hand. ACOEM Guidelines recommend cyst excision only when aspiration has failed. The medical records provided for review do not indicate that the claimant's cyst has been aspirated. Therefore, the lack of conservative treatment of cyst aspiration would fail to meet the ACOEM Guidelines for the necessity of the surgery.