

Case Number:	CM13-0061755		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2011
Decision Date:	05/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

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 General Surgeon 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 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 injured worker is a 41-year-old female who reported an injury on 08/01/2011. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy and medications. The injured worker was revealed on 11/04/2013. It was documented that the injured worker had a 5 cm x 5 cm ganglion cyst that was painful upon palpation and caused pain in the median nerve distribution. The injured worker's diagnoses included carpal tunnel syndrome, rotator cuff sprain/strain, and ganglion of the joint. It was documented that the injured worker had been given cream for the ganglion cyst that did not provide symptom relief. A request was made for a left wrist ganglion cyst removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT WRIST GANGLION CYST REMOVAL: 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): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) recommends ganglion cyst removal for symptomatic injured workers that have failed

to respond to aspiration. The clinical documentation submitted for review does indicate that the ganglion cyst does provide discomfort and is painful to palpation. However, there is no documentation that the injured worker has failed to respond to aspiration. As such, the requested left wrist ganglion cyst removal is not medically necessary or appropriate.

PRE-OP LABS: 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): 270-271.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ELECTROCARDIOGRAM (EKG):

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): 270-271.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CHEST X-RAY: 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): 270-271.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.