

Case Number:	CM13-0068149		
Date Assigned:	01/03/2014	Date of Injury:	02/23/2012
Decision Date:	04/11/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 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 51-year-old female who reported an injury on 02/23/2012. The patient was reportedly injured secondary to repetitive work duties. The patient was seen by [REDACTED] on 11/19/2013. The patient reported persistent pain and swelling. Physical examination revealed positive swelling and tenderness to palpation. The patient was diagnosed with carpal tunnel syndrome, DeQuervain's syndrome and ganglion cysts. It was noted that the patient was currently awaiting approval for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right first extensor compartment release and volar ganglion cyst excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral for a hand surgery consultation may be indicated for patients who have red flags of a serious nature, who fail to respond to conservative management and work site modification and who have clear

clinical and special study evidence of a lesion. As per the documentation submitted, the patient's physical examination only reveals positive swelling and tenderness to palpation. There were no imaging studies provided for review. There is no documentation of an exhaustion of conservative treatment prior to the request for a surgical intervention. Additionally, the California MTUS/ACOEM Practice Guidelines state that surgical intervention for ganglion cysts is indicated only for symptomatic wrist ganglia when aspiration fails. There is no documentation of a failure to respond to an aspiration procedure. The request for right first extensor compartment release and volar ganglion cyst excision is not medically necessary and appropriate.