

Case Number:	CM14-0016087		
Date Assigned:	07/02/2014	Date of Injury:	10/15/2011
Decision Date:	07/31/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female with a reported date of injury on 10/15/2011. The mechanism of injury was reportedly caused from repetitive movement. The injured worker complained of constant, dull, and aching pain in wrists, hands, and fingers rated at 8/10, without medications and 6/10 with medications. In addition, the injured worker complained of dull neck and aching pain rated at 7/10 without medication and 4/10 with medications. Upon physical examination, there was tenderness noted in the right olecranon region. The right elbow range of motion was limited due to pain. The right elbow MRI dated 01/15/2014 revealed mild osteoarthritis of the elbow joint with marginal osteophyte formation of the medial and lateral compartments and a 5 mm cyst in the capitellum; the osseous structures are otherwise intact without acute fracture. The injured worker's diagnosis included carpal tunnel syndrome, hand sprain/strain, olecranon bursitis, trigger finger, wrist sprain/strain, cervical radiculopathy, cervical spine sprain/strain, insomnia, anxiety, and depression. The injured worker's medication regimen included Hydrocodone, Anaprox, Alprazolam, Protonix and Terocin patches. The request is for authorization for one (1) aspiration of cyst under anesthesia with fluoroscopy right elbow. The physician indicated due to the visualization of a ganglion cyst in the antecubital fossa of the right elbow, he is requesting an aspiration of the ganglion cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) aspiration of cyst under anesthesia with fluoroscopy, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257-258.

Decision rationale: The California MTUS ACOEM Guidelines state that the presence of a ganglion cyst is easily determined, but the severity of any symptoms is the basis for decision to aspirate or, in persistent cases, to excise the cyst. The clinical note dated 03/21/2014 the patient indicated there was tenderness to the right elbow and limited range of motion. The MRI dated 01/16/2014 indicated there was a 5 mm cyst in the capitellum of the right elbow. There is a lack of documentation provided related to the injured worker's functional deficits to include range of motion values. There is a lack of documentation of the Visual Analog Scale (VAS) pain scale as it relates to the right elbow. The worker rated her wrist, hand, and finger pain at 6/10 and neck pain at 4/10. The guidelines state that the decision to aspirate is based on the severity of the symptoms related to the ganglion cyst. There is a lack of documentation related to the functional deficits to include the range of motion values, and VAS score as it relates to the right elbow. Therefore, the request for one (1) aspiration of cyst under anesthesia with fluoroscopy, right elbow, is not medically necessary.