

Case Number:	CM14-0129045		
Date Assigned:	08/18/2014	Date of Injury:	09/23/2010
Decision Date:	11/05/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 in Orthopedic Surgery and Hand Surgery 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 44-year-old female who reported an injury on 09/23/2011. The mechanism of injury was cumulative trauma. Prior therapies included physical therapy and a steroid injection. The medications were not provided. The documentation of 02/20/2014 revealed the injured worker was given an injection of Xylocaine and steroid the last time she was in the office. The injured worker was fitted with a wrist brace. The discussion was made for surgical intervention. The injured worker had a negative Phalen's sign and Tinel's sign. The physician opined the injured worker should continue conservative treatment and follow-up. The documentation indicated the injured worker was doing a little better however was still having pain and tenderness. The surgical history included a left carpal tunnel release and other noncontributory surgeries. The documentation of 06/10/2014 revealed that the injured worker was undergoing physical therapy with phonophoresis which had helped the injured worker strengthen her left wrist; however, her right wrist remained the same. On physical examination, the injured worker had a positive Phalen's sign and Tinel's sign of the right upper extremity. There was a palpable mass of the left fifth flexor and decreased sensation over the median nerve. The diagnoses included right wrist ganglion cyst per MRI, bilateral carpal tunnel syndrome, and status post left carpal tunnel release. The treatment plan included a right carpal tunnel release and excision of a ganglion cyst of the left fifth flexor tendon. The injured worker had an MRI of the right wrist on 05/19/2014 which revealed a mass which seemed to be attached or flattening the fifth flexor tendon. The physician opined it was most likely to be a ganglion cyst. The documentation indicated the injured worker had an electromyogram on 08/08/2012 which revealed the injured worker had mild bilateral carpal tunnel syndrome and moderate C5-6 radiculopathy bilaterally. There was no rationale submitted for the requested interventions. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release surgery (CTR)

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 indicates that surgical consultation may be appropriate for injured workers who have red flags of a serious nature, a failure to respond to conservative management including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Carpal tunnel syndrome must be provided by positive findings on clinical examination and the diagnoses should be supported by nerve conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated per physician documentation the injured worker had bilateral carpal tunnel syndrome. However, the electrodiagnostic studies were not provided for review. As such, this request would not be supported. Additionally there was documentation the injured worker underwent bracing and an injection. However, there was a lack of documentation indicating the injured worker's response to the injection. Given the above, the request for right carpal tunnel release is not medically necessary.

Excision of left fifth flexor tendon ganglion cyst: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm wrist & Hand, Surgery for Ganglion Cysts

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 indicates that surgical consultation may be appropriate for injured workers who have red flags of a serious nature, a failure to respond to conservative management including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Only symptomatic wrist ganglia merit excision if aspiration fails. The clinical documentation submitted for review failed to indicate the ganglion had been aspirated and returned. The MRI indicated the injured worker had a ganglion cyst. Given the above and the lack of documentation, the request for Excision of left fifth flexor tendon ganglion cyst is not medically necessary.

