MAXIMUS Federal Services

Case Number:	CM14-0021458		
Date Assigned:	05/07/2014	Date of Injury:	11/08/2013
Decision Date:	07/18/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 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 patient is a 25-year-old female who has filed a claim for massive cystic lesion on the left hand associated with an industrial injury date of November 08, 2013. Review of progress notes indicates that patient had a twisting injury to the left wrist and hand resulting in left hand and wrist pain, swelling, and deformity. Patient reports worsening pain, enlarging cyst, and development of tingling and numbness of the thumb. Findings showed a tender, massive cystic lesion within the thenar eminence of the palm with associated swelling. There was also positive Phalen's, reverse Phalen's, and Tinel's at the wrist. MRI of the left hand dated November 19, 2013 showed a multi-lobulated cystic structure within the muscle of the adductor pollicis, most likely an intramuscular cyst. Treatment to date has included NSAIDs, physical therapy, injections, and bracing. Patient had the excision of the cyst with partial synovectomy, removal of loose bodies with flexor tendon tenosynovectomy of the left wrist in April 29, 2014. Utilization review from January 17, 2014 denied the requests for excision of cystic mass on left hand, post-op cold therapy unit purchase, and electrical stim unit purchase. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXCISION OF CYSTIC MASS ON LEFT HAND: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Surgery for Ganglion Cysts.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, surgery for ganglion cysts is recommended as an option when a cause of pain, interference with activity, or nerve compression and/or ulceration of the mucous cysts is present. In this case, the patient presented with enlarging cyst associated with development of numbness and tingling in the thumb. Surgical removal of the cyst is necessary to prevent further disability due to the compression effects of the cyst. Therefore, the retrospective request for Excision of Cystic Mass on Left Hand is medically necessary.

POST OPERATIVE COLD THERAPY UNIT PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continous-Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand chapter, Cold packs.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, cold packs are recommended for acute complaints. Thereafter, application of heat packs is recommended. There is no discussion regarding use of a cold therapy unit for the hand. Therefore, the request for post-operative cold therapy unit purchase is not medically necessary.

ELECTRICAL STIMULATOR UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: As stated in pages 114-116 in the California MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based TENS trial may be considered as a noninvasive conservative option for neuropathic pain and CRPS, with a rental being preferred over a purchase during this trial. Criteria includes chronic intractable pain (at least 3 months duration), evidence of failure of other appropriate pain modalities, and presence of a treatment plan

including specific short- and long-term goals of treatment. In this case, patient has undergone surgical intervention to the left hand. However, there are no indications for electrical neurostimulation of the hand, and the criteria as enumerated above have not been met. Therefore, the request for Electrical Stimulator Unit Purchase is not medically necessary.