

<b>Case Number:</b>	CM14-0025035		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/29/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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, has a subspecialty in 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 42-year-old female who reported injury on 06/29/2011. Prior treatments included an excision of a right wrist ganglion cyst. The documentation of 01/20/2014 revealed the injured worker had a fusiform first dorsal ganglion cyst about 1 x 1 cm which was increasing in size between the second and third dorsal compartment of the left wrist. The injured worker indicated it was impinging and causing pain in the wrist. The injured worker as noted to have full range of the left wrist compared to the opposite side. The injured worker was able to extend her thumb, abduct her index and oppose her thumb to her little finger. Sensation was intact to the radial and ulnar digital nerves to the thumb, index, ring finger, and little finger. The diagnoses included bilateral wrist ganglion cysts, right status post excision, left dorsal moderately symptomatic 1 x 1 cm and now increasing in size. The treatment plan included an excision of the left wrist ganglion cyst and physical therapy. The subsequent documentation of 05/12/2014 revealed the injured worker was having increasing swelling over the dorsal ganglion cyst of the left wrist. The injured worker has had limitation of the motion of the wrist and pain with heavy lifting. The injured worker was requesting a removal of the left ganglion cyst. The examination of the left wrist revealed the left wrist was moderately tender and the ganglion was 1 x 1 cm between the second and third dorsal compartments of the left wrist. The request was an appeal for the denial of the dorsal ganglion cyst excision of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Wrist Dorsal Ganglion Cyst Excision: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

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

**Decision rationale:** The ACOEM Guidelines indicate that only symptomatic wrist ganglion merit excision if aspiration fails. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of an aspiration. Given the above, the request for left wrist dorsal ganglion cyst excision is not medically necessary.

**Preop Medical Clearance With Labs X-Ray And EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post OP Physical Therapy Times Twelve For The Left Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post Operative Wrist Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post Operative Sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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