

Case Number:	CM14-0034943		
Date Assigned:	06/23/2014	Date of Injury:	08/01/2011
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 claimant is a 42-year-old female who injured her bilateral upper extremities on August 1, 2011. The medical records provided for review include a clinical assessment dated February 26, 2014 describing a left ganglion cyst that is noted to have been progressively more painful over the past six months. The examination revealed a positive Tinel's and Phalen's test at the wrist and a 5 x 5 centimeter ganglion cyst that was tender to palpation. The recommendation was made for surgical excision of the cyst and a cockup wrist brace for postoperative use. There is no documentation of previous aspiration of the cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL RESECTION OF LEFT WRIST GANGLION CYST: Upheld

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

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

Decision rationale: The California ACOEM Guidelines do not recommend surgical excision of a ganglion cyst without first conservative treatment by aspiration. The documentation for review does not identify conservative treatment including prior aspiration. Without documentation of

previous aspiration, the role of surgical excision would not be supported. As such, the request is not certified.

LEFT WRIST COCK UP BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, hand procedure - Splints.

Decision rationale: When looking at Official Disability Guideline (ODG) criteria, a cock up wrist brace would not be indicated. The request in this case is for postoperative use of the brace. The role of operative intervention has not been established, thus negating the postoperative use of the above device. As such, the request is not certified.