

Case Number:	CM14-0036714		
Date Assigned:	07/14/2014	Date of Injury:	01/24/2014
Decision Date:	09/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/26/2014

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 Mississippi. 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 records presented for review indicate that this 44-year-old female was reportedly injured on January 24, 2014. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated February 13, 2014, indicates that there are ongoing complaints of left wrist pain and a mass. The physical examination demonstrated a negative Phalen's test and Tinel's test of the left wrist. There was also a negative Finkelstein's test and a negative CMC grind test. There was tenderness over the volar aspect of the wrist with a palpable tender cystic mass in this area. Diagnostic imaging studies of the left wrist were normal. Previous treatment is unknown. A request had been made for left wrist I and D of a mass with biopsy, preoperative clearance, occupational therapy three times a week for four weeks for the left wrist/hand, and physical therapy and was not certified in the pre-authorization process on May 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Surgery of Left Wrist with I&D Mass Biopsy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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, Surgery for Ganglion Cysts, Updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines a surgery for a ganglion cyst is recommended when the mass causes pain, interference with activity, or nerve compression. The injured employee does complain of left wrist pain. However, it is unclear why there is a request for an incision and drainage when clearly a cystic mass is present at a likely location for a ganglion cyst. Excision of a cyst is recommended. As such, this request for surgery of left wrist with I&D mass biopsy is not medically necessary.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery.

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.

Occupational Therapy 3 x 4 to left wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

S/P physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.