

Case Number:	CM14-0041147		
Date Assigned:	06/30/2014	Date of Injury:	04/15/2013
Decision Date:	08/13/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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 42 year old female right-handed assembly line worker who developed right wrist pain associated with repeated activities at work, with date of injury 31 Mar 2013. The patient noted pain, swelling and stiffness in her wrist and a lump on the volar aspect of the wrist which changed in size, increasing and decreasing in association with an increased and decreased activity level. She also noted on/off numbness and on/off momentary electric discomfort in her right thumb especially when wrist swelling was most apparent. The symptoms worsened with activities of daily living such as driving or lifting items. Examination in Oct 2013 showed full range of motion of the wrist but with pain on volar flexion. No mass or cyst was palpable but there was palpable tenderness between the radial artery and the flexor carpi radialis on the volar aspect of the wrist. Finkelstein's test for tenosynovitis was normal but Phalens's test was positive as it reproduced her thumb numbness. Initial treatment was with physical therapy (20 visits), splint immobilization and non-steroidal anti-inflammatory medications but her symptoms persisted. X-ray of the wrist (undated) was negative for degenerative changes, subluxations or other bony abnormalities. In Oct 2013, she was referred to an orthopedic surgeon. His evaluation included a MRI and a nerve conduction study. The nerve conduction study (12 Dec 2013) was normal and the MRI of the wrist without contrast (3 Nov 2013) revealed a 1 cm radiovolar ganglion cyst. Conserative teatment contined until he next evaluated her on 3 Mar 2014 at which time the surgeon felt that it was unlikely further conservative management would resolve either her pain or her sensory changes and recommended surgical treatment. Utilization Review felt that all conservative management was not done since injection of cyst was not attempted. The surgeon treated the cyst by injection (15 Apr 2014 and 10 Jun 2014) with a steroid (celestone) and local anesthetic (lidocaine) and a prescription of Tramadol was given (10 Jun 2014). No follow up after this last procedure was available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST GANGLIONECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-4,265,271-73. Decision based on Non-MTUS Citation MDGuidelines: Synovial Cyst, <http://www.mdguidelines.com/synovial-cyst>American Academy of Orthopedic Surgeons: Ganglion Cyst of Wrist and Hand, <http://orthoinfo.aaos.org/topic.cfm?topic=a00006>.

Decision rationale: The initial UR decision was correct at the time it was made (Mar 2014) as all conservative therapies were not tried. However, since cyst aspiration and steroid injection is effective only 35-65% of the time, if the symptoms persist after the injections, the MTUS and other Guidelines recommend proceeding to surgical excision of the cyst. Therefore, the right wrist ganglionectomy is medically necessary.