

Case Number:	CM14-0049137		
Date Assigned:	06/25/2014	Date of Injury:	12/10/2013
Decision Date:	07/29/2014	UR Denial Date:	02/18/2014
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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 24 year old male with a reported date of injury on 12/10/13 who requested authorization for removal of left wrist ganglion cyst. Progress Report-2 dated 2/4/14 notes discomfort at the site of the ganglion cyst of the left wrist. The cyst is present on examination over the radial surface of the wrist of the left hand. Recommendation was made for removal of the cyst by aspiration. If this fails, the patient will be referred to orthopedics. Progress Report-2 dated 3/6/14 notes continued symptomatic left wrist ganglion cyst. The patient underwent aspiration of the cyst on this day. Progress Report-2 dated 3/13/14 notes follow-up of cyst aspiration without recurrence but still tender. Documentation from 5/19/14 notes continued left wrist ganglion cyst that is symptomatic and plan for referral to orthopedic/hand surgery. Utilization review dated 2/18/14 did not certify the procedure for removal of left wrist ganglion cyst. Reasoning given was that guidelines 'necessitate documentation of symptomatic wrist ganglia and failure of aspiration to support the medical necessity of a ganglion cyst excision.' 'There is no documentation of failure of aspiration.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Ganglion cyst removal left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter.

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

Decision rationale: The MTUS ACOEM page 271 states, 'Only symptomatic wrist ganglia merit or excision, if aspiration fails.' Thus, the guidelines are very clear with respect to wrist ganglia. The patient is noted to have a symptomatic left wrist ganglion but had not undergone previous aspiration prior to the request for removal. There are different CPT codes for removal (CPT 25111) and for aspiration (CPT 20612). It appears that the requesting physician was actually requesting aspiration (but stated 'removal of the cyst by aspiration'). Thus, the request, as stated on the utilization review, is for surgery: ganglion cyst removal left wrist, which would not be medically necessary because aspiration is necessary prior to removal. The utilization review as stated was correct in its determination. The request for ganglion cyst removal left wrist is not medically necessary.