

Case Number:	CM14-0053886		
Date Assigned:	07/07/2014	Date of Injury:	12/26/2013
Decision Date:	08/06/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/23/2014

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 Texas and Georgia. 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 28-year-old female who reported an injury on 12/26/2013. The injured worker was reportedly assaulted by a confused client. The current diagnosis is sprain of the carpal joint of the wrist. The injured worker was evaluated on 04/14/2014 with complaints of persistent left wrist pain. Physical examination revealed limited range of motion, diminished grip strength, and positive crepitus with slight instability. Surgical intervention was requested at that time in the form of an arthroscopy with ganglion cyst excision. It is also noted that the injured worker underwent a left wrist MRI on 03/04/2014, which indicated a well circumscribed and lobulated small fluid accumulation above the dorsal aspect of the scapholunate ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist arthroscopy, possible arthroscopic excision of synovial cyst: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Forearm, Wrist & Hand (updated 02/18/14) Surgery for ganglion cysts.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, who fail to respond to conservative management include worksite modifications, and who have clear clinical and special study evidence of a lesion. Only symptomatic wrist ganglia merit excision if aspiration fails. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment to include aspiration or perforation of the ganglion cyst. There is no imaging evidence of a ligamentous disruption to support the need for a left wrist arthroscopy. Based on the clinical information received and the above mentioned guidelines, the request is non-certified.