

<b>Case Number:</b>	CM14-0056814		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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:

This 52-year-old female sustained an industrial injury on 7/11/11, relative to repetitive work activities. The patient underwent right carpal tunnel release and right trigger thumb release. The 1/3/14 treating physician report cited right hand pain and discomfort. Physical exam findings documented tenderness to palpation over the volar aspect of the right first metocarpophalangeal joint at the A1 pulley. She had some soft tissue swelling noted over the volar aspect of the right wrist. An MRI of the right hand was recommended. The 3/17/13 treating physician report indicated the MRI was consistent with a cluster of benign cysts, most likely ganglion cysts, in the volar aspect of the wrist and possible distal radioulnar joint instability. The 4/18/14 utilization review denied the right wrist surgical request based on an absence of clinical exam findings supported by electrodiagnostic evidence of recurrent carpal tunnel syndrome. Additionally, the probable radioulnar joint instability noted on MRI was not addressed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery Revision Ctr/excision of ganglion cyst right wrist. Use of nerve conduit wrap and use of microscope, right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Carpal Tunnel Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Forearm, Wrist and Hand, Carpal tunnel release surgery (CTR), Surgery for ganglion cysts.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for carpal tunnel release surgery for chronic injuries. The Official Disability Guidelines for carpal tunnel release typically require symptoms and exam findings consistent with carpal tunnel syndrome, and initial conservative treatment including three of the following: activity modification, night wrist splint, non-prescription analgesia, home exercise training, and/or successful corticosteroid injection trial. Positive electrodiagnostic evidence of carpal tunnel syndrome is required. Surgery for ganglion cysts is recommended as an option when a cause of pain, interference with activity, nerve compression, and/or ulceration of the mucous cysts. Guideline criteria have not been met. There are no documented clinical exam or electrodiagnostic findings that confirm the diagnosis of carpal tunnel syndrome. There is no detailed documentation that recent guideline-recommended treatment had been tried and failed overall. Therefore, this combination request for right wrist surgery for revision carpal tunnel release/excision of ganglion cyst right wrist, and use is not medically necessary.