

Case Number:	CM14-0057343		
Date Assigned:	07/09/2014	Date of Injury:	09/11/2013
Decision Date:	09/03/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/28/2014

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 is a 52 year old male with a date of injury on 09/11/13 after bumping his wrist. The evaluation on 10/14/13 noted a left wrist mass, pain and numbness and paresthesias of the left hand. Examination revealed a large protruding mass on the dorsal radial aspect of the wrist, appearing cystic, with tenderness to palpation. There was a positive Tinel's and Phalen's and compression test was positive for paresthesias limited to the median innervated digits. He had weakness of the abductor pollicis brevis and no atrophy. Diagnosis was ganglion cyst dorsal radial aspect of the left wrist and left carpal tunnel syndrome. The plan was for aspiration and injection that day. Electromyography was recommended. The MRI of the left wrist, dated 01/08/14, showed a 1.2 x 1.6 centimeter cystic structure at the dorsal lateral aspect of the patient's wrist consistent with ganglion cyst formation. There was mild amount of fluid seen within the radiocarpal and ulnocarpal joints. There was slight negative ulnar variant present. The triangular fibrocartilage complex was normal. The carpal tunnel was normal with no median nerve thickening demonstrated. The MRI of the left hand, dated 01/08/14, showed large metallic artifact seen arising from the soft tissues of the middle and distal phalanx of the fifth finger. The electromyography, from 01/13/14, showed median nerve dysfunction of the wrists bilaterally and very mild nerve entrapment of the left wrist secondary to sensory fibers being affected. There was no entrapment neuropathy of the right wrist involving the ulnar nerve at the wrist or at the elbow. There was no evidence of any peripheral neuropathy or radiculopathy. The examination on 2/20/14, documented positive 's and Durkan's, left grip weaker than right, a ganglion cyst over the dorsal aspect of the left wrist and tenderness over the cyst and Guyon canal. Sensory loss in the bilateral median and left ulnar nerve distribution was reported. Imaging and electromyography were reviewed. Diagnosis was symptomatic left dorsal wrist ganglion cyst, left carpal tunnel syndrome and left wrist Guyon syndrome. It was documented that the claimant

had failed conservative treatment and left carpal tunnel release, ulnar nerve decompression at the wrist and excision of the ganglion cyst was recommended. Follow up on 04/21/14, noted left wrist pain with swelling, numbness and tingling; left elbow pain with numbness and tingling. Examination of the left wrist revealed a large palpable ganglion cyst over the dorsal aspect of the left wrist, tenderness over the dorsal aspect of left wrist, over the ganglion cyst and triangular fibrocartilage region. Positive Phalen's and Durkan's were noted. He had decreased sensation over the left median nerve. The MRI of the left hand and wrist were reviewed. Diagnosis was mononeuritis of the upper limb, symptomatic left dorsal wrist ganglion cyst, rule out carpal tunnel syndrome, and rule out triangular fibrocartilage tear left wrist. The plans were left carpal tunnel release, excision of the left dorsal ganglion cyst at the wrist on 04/28/14 and continue taking Ibuprofen. On 04/21/14, the Utilization Review did not support ulnar decompression at the wrist due to all of the examinations prior to the nerve studies did not mention ulnar nerve dysfunction and only after the nerve studies was there a suggestion of ulnar nerve dysfunction. A 06/03/14 retrospective Peer Review documented that a request for water circulation heat pad with pump for dates of services 04/21/14 was denied. Conservative care has consisted of NSAIDS and off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revise ulnar nerve at wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Greens Operative Hand Surgery - on line reference - Volume 1, Chapter 30: Compressive Neuropathies.

Decision rationale: CA ACOEM Guidelines state that surgical indications for revision ulnar nerve surgery at the wrist should "have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention." Review of the records indicated that electromyography showed mild nerve entrapment at the wrist. A carpal tunnel release was proposed for 04/28/14. It is unknown if the claimant had undergone that surgery. If the claimant underwent surgery on 04/28/14, this may have improved the claimant's symptoms and relieved pressure at the wrist. Based on the records alone, there is no medical necessity for the revision of the ulnar nerve at the wrist. The request is not medically necessary and appropriate.