

<b>Case Number:</b>	CM14-0085882		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 42 year old male with a reported date of injury on 5/26/12 who requested authorization for the procedure of left wrist arthroscopy, debridement and ganglion excision. Documentation from 7/8/14 notes persistent left wrist pain that is overall improved, but with movement 'it is very sharp and severe.' 'He has had 20 physical therapy sessions as well as injections.' Examination notes tenderness along the dorsum of the left wrist and pain with range of motion and decreased strength. Activity modification, bracing and medication treatment (Terocin and Neurontin) were recommended. Documentation dated 6/3/14 notes the patient with left wrist pain and uses Ibuprofen to manage his pain. His pain awakens him at night and affects his daily activities. He has previously used hot and cold therapy. He has no history of hypertension or diabetes. Range of motion of the wrist is satisfactory but has pain with motion. Diagnoses are left wrist inflammation, MRI suggesting partial tear of the scapholunate ligament and mild carpal tunnel syndrome. Recommendation was to appeal the denial for surgery that may help to decrease his pain and increase his movement. Activity modification, bracing and medication treatment (Terocin and Neurontin) were recommended. Physical therapy discharge note dated 5/23/14, documents that the patient continues to report increased strength and decreased pain with an improvement in functional tolerance. 'Patient reports the possibility of an injection or surgery, with the only major complaint left being pain upon palpation at the dorsal wrist.' Discharge pain rating is 1-2/10 with push-ups, and left grip strength 95 psi "almost no pain". Documentation dated 5/9/14 notes that the patient has pain along the wrist and weakness. 'He has had no injection. He wants to avoid them.' 'He does not have his bracing anymore.' Tenderness along the distal scaphoid area is noted and he has a weakened grip. Plan was for wrist arthroscopy, debridement and ganglion excision. Recommendations were made for bracing, medications and activity modification. Physical therapy note dated 4/15/14 notes the

patient is doing well overall. Home exercise program is doing well. Physical therapy note dated 4/24/14 notes the patient 'did some gardening', 'a little pain', and 'getting better'. Documentation from 4/7/14 notes grip strength of 100 pounds on the right and 80 on the left. 'The patient has access to a TENS unit, hot and cold wrap, and bracing.' Pain is improving with physical therapy. 'He is not interested in injections.' Plan was for medications and activity modification. Documentation from 3/7/14 notes the patient has persistent left wrist pain and has been approved for physical therapy and TENS unit. Plan was for continued medications, bracing as needed, ice/cold therapy and activity modification. Electrodiagnostic studies from 3/7/14 note normal studies. Documentation from 2/6/14 notes 'The patient has option for injection in both carpal tunnel and along the wrist joint with cortisone steroid injection. Should he fail conservative treatment, he has option for surgery.' Recommendations were made for TENS unit, physical therapy, medications and bracing. A complete wrist exam was documented. Documentation from 1/13/14 notes stated MRI findings: 'suggested that the patient had impression of dorsal ganglion cyst with its origin likely through partially torn dorsal fibers of the scapholunate ligament.' Documentation from 7/29/13 notes possible occult ganglion cyst and documentation from 2/4/13 notes 'the patient's left dorsal wrist revealed an apparent large ganglion cyst.' MRI report dated 9/16/13 notes findings of a ganglion cyst that measures 12x8x13 mm and a suggestion of partial tearing of the scapholunate ligament. Utilization review dated 5/20/14 did not certify the procedures. Reasoning given was that 'only symptomatic wrist ganglia merit excision, if aspiration fails. The patient refuses injections, however, it has not been discussed why.' 'There is no evidence of adequate duration of splinting. Without failure of all conservative options, the surgical request is not substantiated.'

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Amoxicillin 875mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17210420>.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the procedures were not medically necessary, pre/post-operative medications would not be necessary.

**Zofran 8mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Anti emetics for opioid nausea.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the procedures were not medically necessary, post-operative medications would not be necessary.

**Neurontin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the procedures were not medically necessary, post-operative medications would not be necessary.

**Pre Op Clearance, History And Physical, CBC, EKG and Chest X-Ray.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the procedures were not medically necessary, pre-operative clearance would not be necessary.

**Polar Care for 21 days Rental.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Continuous Flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the procedures were not medically necessary, post-operative treatment would not be necessary.

**Sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Chapter Shoulder, Immobilization.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the procedures were not medically necessary, post-operative equipment would not be necessary.

**Rejuveness:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Hypertrophic Scars and Keloids.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the procedures were not medically necessary, Rejuveness would not be necessary.

**Left Wrist arthroscopy, debridement and ganglion excision:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Diagnostic Arthroscopy.

**Decision rationale:** The patient is a 42 year old male with chronic left wrist pain, diagnosed with a dorsal ganglion cyst with its origin likely through a possible partially torn scapholunate ligament. The patient is noted to have undergone conservative management of medications, splinting, physical therapy, TENS unit and hot/cold therapy. However, the patient is not adequately documented to have undergone specific steroid injection to either the dorsal wrist or ganglion cyst. The treating surgeon notes, 'The patient has option for injection in both carpal tunnel and along the wrist joint with cortisone steroid injection. Should he fail conservative treatment, he has option for surgery.' The surgeon documented in more recent follow-up notes that the patient has denied steroid injection. Only on 7/8/14 does he note the use of injections: 'He has had 20 physical therapy sessions as well as injections.' However, there is no record of an actual injection being attempted in the medical records reviewed. From ACOEM, Forearm, wrist and hand complaints, page 271: 'Only symptomatic wrist ganglia merit or excision, if aspiration fails. Recurrences may be spontaneous or related to inadequate removal of the communication with the carpal joints or to satellite ganglia that the surgeon failed to excise.' From Table 11-7 page 272, under surgical considerations, recommended treatment includes: 'Tendinitis (DeQuervain's), ganglion, or trigger finger: referral to surgeon only after patient education and conservative treatment, including splinting and injection, have failed.' With respect to arthroscopy, from ODG, Forearm, wrist and hand, Diagnostic arthroscopy, the following is stated: Recommended as an option if negative results on imaging, but symptoms continue after 4-12 weeks of conservative treatment. There is some question about the diagnosis as the MRI only suggests a partial scapho-lunate tear. In addition, the treating surgeon recognizes this and includes steroid injection as a part of the conservative treatment. The patient had improved with physical therapy and all reasonable forms of conservative treatment should be exhausted prior to surgical treatment. Thus, arthroscopy debridement and ganglion excision should not be considered medically necessary at this time for this patient based on the medical records reviewed. The surgeon states that the patient has had injections, but the medical records

reviewed do not support this. Thus, if these medical records could be provided for review, then reconsideration could be given.