

Case Number:	CM14-0087277		
Date Assigned:	07/23/2014	Date of Injury:	04/10/2014
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 Georgia and Texas. 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 57-year-old male with a reported date of injury on 04/10/2014. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include left finger sprain/strain and left finger swelling. His previous treatments were noted to include anti-inflammatory medications. The progress note dated 05/19/2014 revealed the injured worker complained of pain to the left pinky and rated it 8/10, described as sharp and throbbing in nature. Physical examination of the left small finger revealed a small tender cyst-like mass at the radial aspect of the finger, just distal of the interphalangeal proximal joint. There was full range of motion at the interphalangeal proximal joint and it was neurovascularly intact. The provider indicated he recommended a simple excision of the cyst-like mass under local anesthetic and would request postoperative therapy for a total of 8 sessions. The request for authorization form dated 05/27/2014 was for a left finger-deep soft tissue mass excision under local anesthetic and postoperative occupational therapy 2 times per week for 4 weeks however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left finger Deep Soft Tissue Mass Excision under Local Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery for Ganglionic Cyst.

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

Decision rationale: The MRI performed 05/08/2014 revealed mild edema of the radial collateral ligament in the proximal interphalangeal joint of the 5th digit, most consistent with a mild sprain. There was a 3 mm in diameter prominent vein versus a small ganglionic cyst in the joint of the 5th digit. The Official Disability Guidelines recommend surgery for ganglion cysts as an option when a cause of pain, interferes with activity, nerve compression and/or an ulceration of the mucosa. There is a lack of documentation regarding interference with activity, nerve compression, or ulceration of the mucous cyst. The cyst was noted to cause pain however, the injured worker has full range of motion and there is a lack of documentation regarding nerve compression or ulceration to warrant surgery. Therefore, the request is not medically necessary and appropriate.

Post-op occupational therapy 2 X 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: The injured worker requested to have ganglion cyst excision performed. The Postsurgical Treatment Guidelines recommend 18 visits over 6 weeks and the guidelines state postsurgical physical medicine is rarely needed for ganglionectomy. The previous request for the ganglion cyst removal was non-certified and therefore the need for postoperative occupational therapy is not appropriate at this time. Additionally, the injured worker had full range of motion to his finger. As such, the request is not medically necessary and appropriate.