

Case Number:	CM13-0056506		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2012
Decision Date:	01/22/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/22/2013

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 Minnesota. 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 31-year-old female with injury date of form 5/31/2012. Per office visit of 10/16/2013 there is a ganglion cyst on the dorsal aspect of the right wrist. Full range of motion of the wrist and hand is documented. Neurologic examination was negative. An MRI dated 6/28/2013 revealed a small ganglion measuring 5 mm x 10 mm. The provider is requesting arthroscopy of the wrist and surgical excision of the ganglion cyst. This was noncertified by utilization review citing MTUS guidelines. There was no evidence that the ganglion cyst was aspirated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Arthroscopic Debridement Right Wrist 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.

Decision rationale: California MTUS guidelines indicate surgical considerations only for symptomatic ganglia if aspiration fails. Recurrences may be spontaneous or related to inadequate removal of the communication with the joint or satellite ganglia that the surgeon

failed to excise. The documentation submitted does not include evidence of aspiration. The objective findings on examination on October 16, 2013 included the ganglion cyst which was firm and tender. The range of motion of the wrist was normal. Neurologic examination was negative. An MRI of the right wrist showed the ganglion but was otherwise negative. Based upon the above, the guidelines do not recommend primary surgical excision. Arthroscopic debridement of the wrist joint is not supported. The medical necessity of the requested procedure is not substantiated and as such, the request for arthroscopic debridement, right wrist, and surgical excision is not medically necessary.

12 Post Operative Occupational Therapy Sessions: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Pre Operative Clearance: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 CBC, PT, PTT ,INR, UA, CXR, EKG, H&P: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.