

<b>Case Number:</b>	CM14-0113346		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Orthopedic Surgery

### 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 31 year old claimant with reported industrial injury of June 23, 2014. Exam note April 14, 2014 demonstrates ongoing complaints of right-sided wrist pain. Examination demonstrates a dorsal ganglion. Arthrogram of the right wrist from March 27, 2014 demonstrates a cystic area over the dorsal aspect of the wrist consistent with a cystic ganglion or subcutaneous cyst. Exam note December 17, 2013 demonstrates ongoing complaints of right wrist pain and right shoulder pain. Record review demonstrates no aspiration of the ganglion. Examination discloses slight limitation of motion of the right wrist with MRI evidence of a TFCC tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient right wrist ganglion cystectomy:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand conditions, page 271, ganglion excision is recommended after aspiration has failed to resolve the condition. The exam notes from 4/14/14 do not demonstrate an attempt at aspiration. Therefore, the request is not medically necessary.