

Case Number:	CM14-0190161		
Date Assigned:	11/21/2014	Date of Injury:	10/29/2002
Decision Date:	02/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 Surgery, and is licensed to practice in Maryland. 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 57 year old female with a reported date of injury on 10/29/02 who requested excision of a ganglion cyst of the left wrist. Documentation from 8/18/14 notes the patient complains of left wrist pain. Examination notes decreased grip strength on the left and notation of a left wrist ganglion. There is a positive Finkelstein's on the left and a negative Tinel's and Phalen's. Assessment and Plan does not address the ganglion cyst. Initial Orthopedic Evaluation report dated 7/21/14 notes that the patient is with bilateral wrist pain treated with non-operative measures. Diagnoses include bilateral DeQuervain's that has failed conservative measures and recommendation is made for 1st dorsal compartment release. Evidence of a ganglion cyst is not present. Documentation from 6/23/14, 5/5/14, 4/14/14 and 3/24/14 does not address findings of a ganglion cyst. MRI of the left wrist dated 2/3/14 notes findings consistent with DeQuervain's tenosynovitis and an associated peripheral ganglion cyst (among other findings). UR dated 10/16/14 did not certify the request for excision of a ganglion cyst of the left wrist, stating that the patient had not been documented to have undergone an aspiration of the cyst. 'Available clinical documentation shows no complaint or findings of ganglion cyst until the report dated 7/14/14. It is noted the patient complains of tenderness over a ganglion cyst on the left radial styloid. There are no reports of any pain, or pain with motion. There is no clinical documentation showing any attempts at aspiration.'

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left wrist surgical excision of a ganglion cyst: 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: From ACOEM page 271, 'Only symptomatic wrist ganglia merit or excision, if aspiration fails.' Thus, the guidelines are very clear with respect to ganglia. The patient is a 57 year old female who is noted to have chronic left wrist pain, probable DeQuervain's tenosynovitis and evidence of a peripheral ganglion cyst. However, it is not clear from the medical documentation if this cyst is symptomatic and there is no evidence of a failure of an aspiration. Thus, ganglion cyst resection for this patient should not be considered medically necessary.

1 internal consultation regarding medical 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.