

Case Number:	CM15-0002138		
Date Assigned:	01/13/2015	Date of Injury:	09/30/2014
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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, Sports Medicine

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 56-year-old female who reported injury on 09/30/2014. The mechanism of injury was repetitive typing. The documentation of 12/19/2014 revealed the injured worker had 2 lumps on her left wrist. There was some tenderness. The injured worker had a diagnosis of ganglion cyst and was given a wrist brace. The injured worker continued to have painful lumps in her wrist. The symptoms did not improve, and the injured worker continued working her regular job. The physical examination of the left wrist revealed full range of motion. There was a painful mass in the volar aspect of the left wrist on the radial side consistent with a ganglion cyst. There were no dorsal ganglions noted. The Phalen's and carpal compression tests were negative. The grind test was positive. The x-rays of the left wrist revealed arthritis of the left CMC joint and no carpal arthritis. No carpal instability pattern was noted. The documentation indicated the injured worker had been treated conservatively with medication and bracing and had not improved. The physician indicated cortisone injections are not indicated in a volar ganglion because of the presence of the radial artery. The documentation indicated the injured worker's options were to live with it or consider surgical excision. The injured worker was noted to be unsure if she wanted surgery. The request was made for an MRI of the left wrist to better evaluate the ganglion cyst and see if it may be possible to aspirate it if it is not intimately associated with the radial artery. The injured worker was noted to continue a gentle range of motion program and use her brace. The documentation indicated the injured worker underwent an MRI of the left wrist on 11/21/2014, which revealed a ganglion cyst was noted 1.4 x 0.6 x 1.2 coming from the first metacarpal base. There was mild enlargement of the median

nerve consistent with possible carpal tunnel. There was a volar ganglion cyst 1.4 cm x 1.3 cm x 2.3 cm. The injured worker returned on 12/19/2014. The injured worker was noted to have tenderness in the volar wrist with a palpable ganglion cyst near the radial artery. There was a positive grind in the left thumb. There was fullness in the thenar eminence consistent with a cyst in that area as well. The carpal compression and Phalen's tests were negative. The diagnoses included volar ganglion cyst left wrist and CMC arthritis left thumb with ganglion cyst. The medications included fenofibrate and levothyroxine. The treatment plan included surgical treatment. The injured worker was noted to have failed conservative treatments including medications, therapy, and bracing. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of volar ganglion cyst, left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that only symptomatic wrist ganglia merit excision if aspiration fails. The clinical documentation submitted for review indicated the injured worker had ganglion cysts. There was a lack of documentation of aspiration. The physician indicated the injured worker had an MRI to better determine if the ganglion cyst was associated with the radial artery. A volar ganglion cyst aspiration is not advised due to risk of injury to the radial artery. Volar ganglion cysts rarely include functional limitations such as grip, but with resting hand on hard surfaces, pain with repetitive motion and glove wear, etc. there are paraneoplastic processes such as giant cell tumor of tendon sheath that can mimic ganglions the treatment is not merely excision but excisional biopsy. Given the above, exceptional factors, the request for Excision of volar ganglion cyst, left wrist is medically necessary.

CMC arthroplasty left thumb with excision of cyst: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement)

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 & Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement).

Decision rationale: The Official Disability Guidelines indicate that, for joint replacement of the finger or thumb, there should be symptomatic arthritis of the proximal interphalangeal joint with

preservation of the collateral ligaments, sufficient bone support, and intact or at least reconstructible extensor tendons. The clinical documentation submitted for review indicated the injured worker had undergone conservative care. However, there was a lack of documentation of symptomatic arthritis of the proximal interphalangeal joint. There was a lack of documentation of sufficient bone support and intact or at least reconstructible extensor tendons. Additionally, there was a lack of documentation indicating the ganglion cyst had been aspirated and returned. Given the above, the request for CMC arthroplasty left thumb with excision of cyst is not medically necessary.

Post-Operative PT 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 21.

Decision rationale: The California Post-Surgical Treatment Guidelines recommend 18 visits of therapy for a removal of a Ganglion cyst and that half the number of the recommended visits are appropriate for the initial therapy. The request would be supported for 9 visits for the left wrist, as the ganglion excision is supported. However, the request as submitted failed to indicate the body part to be treated and 12 visits would be excessive. Given the above, and the lack of documentation, the request for Post-Operative PT 3X4 is not medically necessary.