

Case Number:	CM15-0007344		
Date Assigned:	01/26/2015	Date of Injury:	06/04/2004
Decision Date:	03/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 patient is a 68 year old female injured worker suffered an industrial injury on 6/4/2004. The diagnoses were left carpometacarpal joint pain from degenerative joint disease. The Utilization Review Determination on 1/5/2015 non-certified retrospective request for right wrist Radial Volar Cyst and Ganglion Excision 11/19/2014, citing Official Disability Guidelines, surgery for ganglion cysts. History and physical dated 11/11/14 noted patient had a chief complaint of right hand wrist pain and bump. Diagnosis is right wrist ganglion cyst and plan for right volar radial cyst removal. The patient is noted to have undergone right volar wrist ganglion cyst removal on 11/19/14. Documentation from 11/10/14 notes that the patient had undergone injection of the cyst with insufficient benefit. The injection helped but the cyst recurred. Documentation from 6/2/14 notes cortisone injection of the left CMC joint. Documentation from 6/23/14 notes the presence of a right ganglion cyst that is not that symptomatic. Plan was to return in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Radial volar cyst and ganglion excision, DOS: 11-19/14: Overturned

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

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

Decision rationale: The patient is a 68 year old female with a well-documented right volar ganglion cyst that was symptomatic and had failed an injection. Based on ACOEM, page 271, this should be considered medically necessary. From ACOEM, 'Only symptomatic wrist ganglia merit or excision, if aspiration fails. Recurrences may be spontaneous or related to inadequate removal of the communication with the carpal joints or to satellite ganglia that the surgeon failed to excise.' The UR review states that the patient is only stated to have had an injection. An actual injection had not been documented. This is overly restrictive, as the patient was noted to have a ganglion cyst as early as 6/23/14. The patient is noted for a follow-up in 3 months from this visit, which is not provided in the medical records. In November of 2014, the patient is noted to have had a previous injection and had failed to resolve the issue. In addition, the patient is noted to have a symptomatic ganglion. Thus, based on the entirety of the medical record, the patient had a symptomatic volar ganglion cyst that had failed injection. Thus, consistent with ACOEM, ganglion cyst resection should be considered medically necessary in this patient.