

<b>Case Number:</b>	CM15-0009060		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Illinois, California, Texas  
 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 a 56 year old male, who sustained an industrial injury on 9/24/14. He reported an onset of right upper extremity pain, specifically the right thumb and a painful cyst developing in the right thumb relative to repetitive work duties of typing, writing and keyboarding. X-rays of the right thumb were within normal limits. The 11/11/14 treating physician report cited persistent right thumb pain, worse with any repetitive gripping or use of the right hand. Physical exam documented a 1x1 cm mass at the interphalangeal joint of the right thumb consistent with a ganglion cyst. There was painful interphalangeal range of motion. Distal motor, sensory and circulatory function was intact. The diagnosis was ganglion cyst in the distal aspect of the right thumb with persistent symptomatology. Excision of the ganglion cyst was recommended. On 12/16/15 Utilization Review non-certified outpatient excision of right thumb ganglion cyst. The ACOEM Guidelines were cited. The injured worker appeal letter dated 1/11/15 reported continuous pain with motion and difficulty performing a number of tasks. He reported that he recently hit the cyst which caused a 30-40% reduction in size, followed by return to pre-impact size over 2 to 3 weeks. He reported that he had seen 3 different physicians who had all recommended removal of the cyst, with no intermediate treatment recommended. On 1/15/15, the injured worker submitted an application for IMR for review of outpatient excision of right thumb ganglion cyst.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient excision of right thumb ganglion cyst:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Surgery for ganglion cysts

**Decision rationale:** The California MTUS ACOEM guidelines state that only symptomatic wrist ganglia merit excision, if aspiration fails. The Official Disability Guidelines recommend surgery for ganglion cysts as an option when a cause of pain, interference with activity, nerve compression and/or ulceration of the mucous cysts. Guideline criteria have been met. This patient presents with a persistent and symptomatic right thumb ganglion cyst that was continuously painful with motion. Functional difficulty was documented in repetitive gripping and right hand use. Therefore, this request is medically necessary.