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| Case Number: | CM15-0101528 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 03/20/2014 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/27/2015 |

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 injured worker is a 62-year-old male patient who sustained an industrial injury on 03/20/2014. The accident was described as while working driving a bus he experienced an acute onset of feeling his right shoulder pop while driving. A secondary treating office visit dated 08/08/2014 reported the patient not taking any medication at this time. The patient had subjective complaint of headaches, lightheadedness, dizziness, nosebleeds, palpitations, and shortness of breath, epigastric burning pain and reflux, abdominal pain and cramping nausea, constipation, diarrhea, weight gain, depression, and difficulty sleeping. Objective findings showed mild epigastric tenderness, tenderness of the right shoulder and right wrist, restriction of movement in the right shoulder, right index finger and mild tenderness in the left thoracolumbar region. The following diagnoses are applied: internal derangement, right shoulder; tendonitis right wrist; irritable bowel syndrome; gastritis; chest pain musculoskeletal, palpitations, depression, anxiety disorder, sleep disorder, epistaxis, cephalgia, and weight gain. He is to remain temporary and total disability and continue with current medications. By October 20 /2014, the patient's current medication included Docusate sodium and Omeprazole. There is no change in either the subjective complaint of the treating diagnoses. On July 17 /2014, the patient underwent psychological testing and the following diagnoses were applied: major depressive disorder, of moderate intensity, chronic, not in remission; posttraumatic stress disorder, chronic of moderate intensity, not in remission; and somatic symptom disorder with predominant pain. Documentation from 4/8/15 noted that the patient has a tender right volar wrist ganglion cyst. MRI confirmed the presence of a ganglion cyst. He had undergone a steroid injection of a right

index finger trigger. He is stated to have undergone conservative management of splinting, therapy, NSAIDs and a cortisone injection for the right ganglion. Recommendation was made for ganglion excision as it is symptomatic and has failed conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right volar wrist ganglion excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 271 and 273.

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

Decision rationale: The patient is a 61-year-old male with a symptomatic right ganglion cyst that was confirmed on MRI examination. Previous conservative management has included NSAIDs, splinting, therapy and a steroid injection. However, specific aspiration of the cyst was not documented. From ACOEM, page 271, Chapter 11, "Only symptomatic wrist ganglia merit an excision, if aspiration fails." Therefore, without an attempt at aspiration documented, right wrist ganglion cyst excision should not be considered medically necessary.

Short arm splint: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative appointment with specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.