

Case Number:	CM15-0134274		
Date Assigned:	07/22/2015	Date of Injury:	09/26/2011
Decision Date:	10/19/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hand 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 72 year old male who sustained a work related injury September 26, 2011, described as repetitive to both hands and knees. Past history included left total knee replacement 2011 and right total knee replacement March 2012. According to a primary treating physician's progress report, dated May 27, 2015, the injured worker presented with right hip pain, persisting left trigger finger and mass, ganglion cyst, left. Some handwritten notes are difficult to decipher. Diagnoses are right hip bursitis; bilateral total knee replacements; cyst-3rd trigger finger left. At issue, is the request for authorization for a left excision of ganglion cyst. According to utilization review dated June 10, 2015, the request for left excision of ganglion cyst and release of left 3rd trigger fingers is non-certified. Utilization review submitted a letter dated July 29, 2015, documenting the release of the left 3rd trigger finger was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left excision of ganglio cyst: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Volar Retinacular Ganglion, Pages 2160-2161.

Decision rationale: This is a request for excision of a flexor tendon sheath ganglion in the injured worker with flexor tendon triggering in the same finger. In this case I recommend overturning the utilization review decision; the utilization reviewer's report is inconsistent and medically inaccurate. Records document long-standing triggering for which February 23, 2015 injection was performed. The utilization reviewer states that, "the cyst is secondary to the cortisone injection involving the flexor sheath." That is incorrect. Ganglia are not caused by corticosteroid injection. The small tendon sheath ganglia which occur in the origin of the flexor tendon sheath are typically 3-8 mm in diameter. These are not the same as more common and typically larger wrist ganglia which the California MTUS guidelines note are often aspirated. Tendon sheath ganglia also known as volar retinacular ganglion cannot be aspirated. The standard treatment is attempted needle rupture and adjacent corticosteroid injection. They occur in the same location where flexor tendon triggering occurs and initial treatment of triggering is the same corticosteroid injection into the origin of the flexor tendon sheath. In this case, the injection performed in February 2015 was standard initial treatment, but was unfortunately ineffective. Surgery is appropriate for relief of the ongoing triggering and removal of the ganglion which remains symptomatic despite injection. Both problems are immediately adjacent and appropriately treated at the same time to minimize the risk of ongoing symptoms necessitating further surgery. Therefore the requested ganglion removal is appropriate and therefore is medically necessary.