

<b>Case Number:</b>	CM15-0169545		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 female, who sustained an industrial injury on 3-4-2013. The injured worker was diagnosed as having history of recurrent left dorsal wrist ganglion cyst, chronic left cubital tunnel syndrome, and status post excision of recurrent left dorsal wrist ganglion cyst. The request for authorization is for: JAS system trial for post-op left wrist (days) QTY: 60.00. The UR dated: 8-13-2015, gave modified certification of JAS system trial for post-op left wrist (days) QTY: 30.00. Several pages of the medical records have handwritten information, which is difficult to decipher. On 3-30-2015, she reported left wrist pain and swelling. She is noted to have a ganglion cyst present in the left wrist area. She is positive for dysesthesias of the left ring and small fingers with provocative testing over the cubital tunnel. On 6-4-2015, she reported persistent wrist pain after surgery. Surgical incisions are noted to be well approximated, little swelling, and no signs of infection. She has tenderness to the left wrist along with numbness and tingling with testing. On 6-25-2015 she reported doing well after left wrist surgery. She reported continued stiffness of the wrist. Physical examination revealed well healing surgical scars, minimal swelling, no signs of infection, tenderness to the wrist, and stiffness is noted with range of motion. Provocative testing revealed on the left side cubital tunnel positive elicitation of dysesthesias into the left ring and small fingers. On 7-20-2015, she reported starting therapy and improving left wrist range of motion. She indicated continued stiffness of the left wrist along with numbness and tingling in the ring and small fingers. She is noted to have healing surgical incisions, little swelling, and her range of motion remaining suboptimal regarding palmar flexion. She was given an injection of Dexamethasone. The treatment to date has included:

physical therapy, acupuncture, medications including: Norco, Ultram, and Zofran; immobilization, home exercise program; left wrist surgery (5-27-2015). She is reported to have had 4 wrist surgeries. Diagnostic testing has included: x-rays of the left wrist, magnetic resonance imaging of the left wrist (10-9-2014).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**JAS system trial, Post Operative, Left Wrist, Qty 60 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Static progressive stretch (SPS) therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** This is a request for a commercially available static progressive wrist splint to be used to diminish stiffness which is a complication of May 27, 2015 ganglion surgery. The California MTUS notes that, "postsurgical physical medicine is rarely needed for ganglionectomy (page 21)." There is no scientific evidence that the device requested improves outcomes following ganglion removal surgery and as a consequence such devices are not included in any evidence based treatment guidelines. At this point nearly 5 months following surgery, there is no reasonable expectation the device will bring about substantial functional improvement as defined on page one of the California MTUS. The request is not medically necessary.