

Case Number:	CM15-0185777		
Date Assigned:	09/25/2015	Date of Injury:	02/09/2015
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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: Minnesota, Florida
 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:

This is a 40-year-old female with a date of injury of February 9, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for dorsal wrist ganglion, and tenosynovitis of the hand and wrist. Medical records dated May 21, 2015 indicate that the injured worker complains of continued pain over the dorsal surface of the right wrist with gripping, lifting, and range of motion, and weakness with gripping and lifting. A progress note dated July 23, 2015 notes subjective complaints of constant right dorsal wrist pain with some pain in the ulnar and radial sides of the hand. Per the treating physician (July 23, 2015), the employee was currently unemployed but was starting a new job in August. The physical exam dated May 21, 2015 reveals no edema, mass or deformity of the right wrist, full range of motion of the right wrist with pain at the endpoint of extension, decreased strength with right wrist extension, diffuse tenderness to palpation over the dorsal surface of the right wrist, crepitus with flexion and extension, and intact neurovascular function. The progress note dated July 23, 2015 documented a physical examination that showed full range of motion of the forearm, wrist, and hand, a mass over the scapholunate interval at the dorsal aspect of the wrist that was tender to direct pressure, dorsal pain with Watson shift, and scapholunate and lunotriquetal interval tenderness. Treatment has included physical therapy, EMG of the upper extremities (April 22, 2015) that showed possible carpal tunnel syndrome, splinting, medications (Ibuprofen since at least July of 2015), and magnetic resonance imaging of the right wrist (June 30, 2015) that showed a dorsal wrist ganglion cyst and first through third carpometacarpal joint osteoarthritis. The original utilization review (August 28, 2015) non-certified a request for excision of the right dorsal ganglion cyst and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right dorsal ganglion excision: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, wrist, and hand.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 40-year-old female with a date of injury of 2/9/2015. The mechanism of injury was smashing the hand in a file cabinet. MRI scan of the right wrist dated 6/30/2015 revealed a dorsal wrist ganglion cyst situated superficial to the deep intercarpal ligament which appeared partially frayed. There was first through third carpometacarpal joint osteoarthritis. The documentation indicates generalized pain with tenderness over the ganglion cyst. Utilization review noncertified a request for ganglion cyst excision as aspiration/steroid injection had not been attempted. California MTUS guidelines indicate only symptomatic wrist ganglia merit excision if aspiration fails. In this case, aspiration has not been attempted. As such, the request for excision of the ganglion is not supported and the medical necessity of the request has not been substantiated, therefore is not medically necessary.

Pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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