

Case Number:	CM15-0197589		
Date Assigned:	10/13/2015	Date of Injury:	02/05/2010
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/07/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 65 year old male who sustained an industrial injury on 2-5-2010. A review of the medical records indicates that the injured worker is undergoing treatment for significant left wrist tenosynovitis with overuse tendinopathy, left wrist partial thickness tear of the triangular fibrocartilage and left wrist ganglion cyst. According to the progress report dated 9-18-2015, the injured worker complained of aching and stabbing pain in his left wrist rated 5 out of 10. He noted growth over the last month of a ganglion cyst in the area where he had triangular cartilage repair. Per the treating physician (9-18-2015), the injured worker was currently working. The physical exam (9-18-2015) of the left hand revealed a 1x1cm ganglion cyst at the base of the incision on the ulnar side of the left wrist. Tinel's sign was positive; Phalen's sign was present. There was diffuse forearm tenderness without specific swelling. The physician noted that the left wrist ganglion cyst had gradually, steadily increased since his surgery. Treatment has included left wrist surgery, therapy and medications (Ultram). The original Utilization Review (UR) (10- 2-2015) denied a request for left wrist ganglion cyst excision and related services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist ganglion cyst excision: Upheld

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

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

Decision rationale: Per ACOEM, Chapter 11, page 271: Ganglion; Only symptomatic wrist ganglia merit or excision, if aspiration fails. Recurrences may be spontaneous or related to inadequate removal of the communication with the carpal joints or to satellite ganglia that the surgeon failed to excise. In this case the records do not document an attempt at aspiration. ODG supports ganglion treatment for pain. A trial of aspiration is warranted with surgery if the ganglion persists. The request is not medically necessary.

Preoperative clearance to include labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

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

Preoperative clearance to include EKG (electrocardiogram): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

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

Zofran 8 mg Qty 10, 1 tab by mouth every 8 hrs as needed: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, anti-emetics.

Decision rationale: Per ODG, Pain: Antiemetics (for opioid nausea), Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Ondansetron (Zofran): This drug is a serotonin 5-HT₃

receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. A prescription for Zofran is not routinely required following surgery. Zofran should be individualized and given to patients with nausea or vomiting following surgery. In addition, the procedure is not medically necessary and therefore the Zofran is not medically necessary

Duracef 500 mg Qty: 1 tab by mouth 2 times daily for 7 days: 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: Duracef: According to a study by Bykowski et al, "Given the potential harmful complications associated with antibiotic use and the lack of evidence that prophylactic antibiotics prevent SSIs, we conclude that antibiotics should not be routinely administered to patients who undergo clean, elective hand surgery." Perioperative antibiotics are not indicated for this clean case.

Post operative physical therapy, left wrist, 2 times weekly for 4 weeks, 8 sessions: Upheld

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

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

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

Associated Surgical Services: Norco 10/325 mg Qty: 1 tab by mouth every 4-6 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: OPIOIDS - Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The patient has been on chronic opiates. ACOEM only recommends a short-term course of treatment. The request exceeds MTUS guidelines and is not medically necessary.