

Case Number:	CM15-0198902		
Date Assigned:	10/14/2015	Date of Injury:	03/03/2015
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/09/2015

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:

This 47 year old man sustained an industrial injury on 3-3-2015. Evaluations include x-rays of the left hand and ring finger dated 7-16-2015. Diagnoses include left ring finger distal interphalangeal joint degenerative joint disease. Treatment has included oral medications. Physician notes dated 8-21-2015 show complaints of left ring finger distal interphalangeal joint rated 4 out of 10. The worker states that bumping this digit or application of pressure worsens the pain. The physical examination shows no acute distress and less than 20-degree extensor lag at the distal interphalangeal joint of the left ring finger. Tenderness is noted to an osteophyte that is located centrally and dorsally. Recommendations include surgical intervention. Utilization Review denied a request for left finger excision ganglion cyst, osteophyte distal interphalangeal joint and occupational therapy on 9-11-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ring finger excision of ganglion cyst: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Surgery for ganglion cysts.

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

Decision rationale: The patient is a 47 year old male with evidence of a painful osteophyte of the left ring finger. A request for authorization for treatment of this was certified. However, a request had also been made for excision of a ganglion cyst. Based on the documentation provided, the patient has not been adequately diagnosed with a ganglion cyst of the finger (mucous cyst). Although a ganglion cyst of the DIP and osteophytes can be related, the documentation is not supportive of this diagnosis. From page 270, ACOEM, Chapter 11 Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. As the patient has not been adequately diagnosed with a ganglion cyst, surgical intervention should not be considered medically necessary. Therefore, left ring finger excision of ganglion cyst should not be considered medically necessary.

Associated Surgical Services: Occupational therapy, 2 times weekly for 6 weeks, 12 sessions: 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 procedure is not medically necessary, none of the associated services are medically necessary.