

<b>Case Number:</b>	CM15-0209333		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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:

The injured worker is a 34 year old female, who sustained an industrial injury on 05-07-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left wrist pain and swelling, mild carpal tunnel syndrome, cervical radiculopathy, and left index finger pain. Medical records (05-28-2015 to 10-06-2015) indicate ongoing left wrist pain and swelling, slightly small mass, numbness and tingling in the middle and ring fingers, and a popping sensation in the left index finger along the volar aspect with occasional catching. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Per the treating physician's progress report (PR), the IW has returned to modified duty. The physical exam, dated 10-06-2015, revealed mild fullness of the dorsal aspect of the left wrist with mild tenderness, minimal tenderness over the volar base of the left index finger, slight loss of range of motion in the maximal wrist motion on the left side, mild pain with passive wrist extension, positive Phalen's test, and negative Tinel's and median nerve compression tests. Relevant treatments have included: 5 sessions of physical therapy (PT), cortisone injections and aspiration to the left wrist, work restrictions, and pain medications. The treating physician indicates that an electrodiagnostic study of the left upper extremity showed minimal mild median neuritis. The request for authorization (10-07-2015) shows that the following procedure was requested: left open carpal tunnel release and excision of volar carpal ganglion cyst. The original utilization review (10-13-2015) non-certified the request for left open carpal tunnel release and excision of volar carpal ganglion cyst. Electrodiagnostic studies from 4/7/15 note normal conduction velocities and abnormal EMG study of the pronator teres muscle and triceps. This was

consistent with a left C7 radiculopathy. 'No electrical evidence of peripheral neuropathy in both upper extremities.' Documentation from 8/7/15 noted the presence of a dorsal ganglion that is very small and slightly tender. Documentation from 8/24/15 noted that the patient has evidence of a dorsal ganglion cyst, although recent MRI noted the presence of a volar ganglion cyst. The patient is noted to have undergone treatment of her symptomatic ganglion cyst with aspiration and a steroid injection. 'In the interim, we are also going to request cortisone injection for the left carpal canal and left index finger.' Documentation from 9/23/15 noted the patient had undergone aspiration and a cortisone injection to the left wrist that did not improve her pain. She states that 'the mass is slightly smaller in size.' Examination noted mild fullness of the dorsal left wrist approximately 0.5 x 0.5 cm. Phalen's test is positive and Tinel's and carpal compression are negative. Documentation from 10/6/15 noted the patient had an MRI performed which noted a volar ganglion cyst in the area of her pain. Examination now noted a positive Phalen's, Tinel's and carpal compression test. Her examination also noted volar fullness of approximately 0.5 x 0.5 cm.

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

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

#### **Left open carpal tunnel release and excision of volar carpal ganglion cyst: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery- Carpal Tunnel Release.

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

**Decision rationale:** The patient is a 34 year old female with signs and symptoms of a possible left carpal tunnel syndrome. Conservative management has included physical therapy, medical management, splinting, and activity modification. Electrodiagnostic studies are not supportive of a left carpal tunnel syndrome. In addition, it is not clear if the patient had undergone a steroid injection of the carpal tunnel. From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, as the electrodiagnostic studies are not supportive of a left carpal tunnel syndrome and it is not clear if a steroid injection specific to the carpal canal has been performed, left carpal tunnel release should not be considered medically necessary. With respect to the request for the volar ganglion cyst removal, there is some discrepancy between the clinical findings and the MRI findings. The clinical documentation from 8/24/15 and 9/23/15 note dorsal wrist pain and fullness consistent with a dorsal ganglion cyst. A steroid injection/aspiration was performed

of this area. The MRI documentation noted a volar ganglion cyst and the request is for a volar ganglion cyst resection. It is unclear if the prior aspiration pertained to this volar cyst. Therefore, without further clarification, this should not be considered medically necessary as well. From ACOEM, page 271, Chapter 11, 'Only symptomatic wrist ganglia merit or excision, if aspiration fails.' As the request is for a volar ganglion cyst resection, the previous aspiration should be clearly documented that it was addressing this anatomic area.