

Case Number:	CM15-0031510		
Date Assigned:	02/25/2015	Date of Injury:	08/13/2010
Decision Date:	04/10/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 47 year old male who sustained an industrial injury on 8/13/10. The injured worker reported symptoms in the bilateral upper extremities. The diagnoses included Ganglion and cyst of synovium, tendon, and bursa, other synovitis and tenosynovitis, Carpal tunnel syndrome, osteoarthritis, and Sprain of wrist. Treatments to date include oral analgesic, bracing, activity modification, and physical therapy. In a progress note dated 1/13/15 the treating provider reports the injured worker was "neck and right shoulder flares up with over shoulder activity...unable to perform repeated grip/gasp/torque." On 1/26/15 Utilization Review non-certified the request for right dorsal ganglion cyst excision with [REDACTED], 8 session of post-operative therapy 2 x 4 weeks and continuous cold therapy unit (purchase). The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Dorsal Ganglion Cyst Excision with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: According to the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand conditions, page 271, ganglion excision is recommended after aspiration has failed to resolve the condition. As the exam notes from 1/13/15 do not demonstrate an attempt at aspiration, the determination is for non-certification.

8 session of post op Therapy 2x 4weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Continuous Cold Therapy Unit (purchase): 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) Shoulder; Continuous-flow cryotherapy.

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.