

<b>Case Number:</b>	CM15-0038689		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 42 year old female, who sustained an industrial injury on 10/21/2013, due to repetitive tasks and cumulative trauma. The diagnoses have included de Quervain's tendinitis, right wrist. Treatment to date has included conservative treatments. Upper extremity nerve conduction report, dated 7/01/2014, noted normal study. Upper extremity electromyography report, dated 7/02/2014, noted a normal study. Updated upper extremity electromyogram and nerve conduction studies were noted on 10/06/2014, noting mild right ulnar motor neuropathy at the elbow. Ultrasound study of the bilateral wrists, dated 10/02/2014, noted a right volar ganglion cyst and a normal right carpal tunnel region. Magnetic resonance imaging of the right wrist, dated 9/24/2014, noted a mild amount of fluid within the ulnocarpal joint. Currently, the injured worker complains of right wrist pain, with radiation into the fingers, as well as numbness and tingling. Over the counter anti-inflammatory medication and chiropractic therapy was not helping. Objective findings included positive Phalen's and Tinel's, right wrist. A request for authorization was noted for carpal tunnel release and excision of volar ganglion, right wrist, and pre-operative chest x-ray and lab testing. Stated findings of the AME from 10/6/14, note that the ganglion cyst is too small to necessitate surgical excision but could be aspirated. On 1/28/2015, Utilization Review issued a decision regarding the requested treatment(s).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal tunnel release and excision of volar ganglion cyst right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270, 271 Table 11-7 page 272.

**Decision rationale:** The patient is a 42 year old with signs and symptoms of possible right carpal tunnel syndrome as well as a possible symptomatic ganglion cyst. There has been some conservative management of the right carpal tunnel syndrome, including medical management and physical therapy. However, the patient has not been noted to have undergone bracing or a consideration for steroid injection that could help to facilitate the diagnosis (especially without supporting electrodiagnostic studies). In addition, there are not supporting electrodiagnostic studies and there is no evidence of a severe condition as well. For the volar ganglion cyst, it appears that it is symptomatic but an attempted aspiration has not been documented as recommended by ACOEM and the AME. Therefore, both procedures should not be considered medically necessary, page 270: CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. page 272, Table 11-7 Injection of corticosteroids into carpal tunnel in mild or moderate cases of carpal tunnel syndrome after trial of splinting and medication (C) page 265: For carpal tunnel syndrome: Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short-lived, page 271: 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.

**Preoperative X-ray and labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing, general.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270, 271 Table 11-7 page 272.

**Decision rationale:** As the procedures were not considered medically necessary, preoperative studies would not be medically necessary.