

<b>Case Number:</b>	CM14-0135394		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 50-year-old male was reportedly injured on 2/1/2013. The mechanism of injury was not listed. The most recent progress note, dated 7/9/2014, indicated that there were ongoing complaints of bilateral elbows pain. The physical examination demonstrated right elbow had positive tenderness to palpation at the lateral/medial epicondyle. The right hand had large tingling cyst present over the 2nd metacarpal and 3 cm in diameter and very prominent. There was positive tenderness to palpation. Left elbow had positive tenderness to palpation at the medial and lateral epicondyle. No recent diagnostic studies are available for review. Previous treatment included injections, medications, and conservative treatment. A request had been made for right hand ganglion cyst removal (outpatient) and was not certified in the pre-authorization process on 7/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hand (over the 2nd metacarpel) ganglion cyst removal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Hand and Wrist, Table 2.Summary of recommendations, Hand and Wrist disorders>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand. (Acute and Chronic) Surgery for Ganglion Cyst. Updated 8/8/2014.

**Decision rationale:** ODG guidelines recommend surgery for ganglion cysts as an option when a cause of pain interferes with activity, nerve compression and/or ulceration of the mucous cyst. After review of the medical records provided, there is no documentation revealing previous conservative treatment such as injection/aspiration of the ganglion cyst. This simple in office procedure should be performed prior to the scheduling of a surgical procedure. Therefore, this request is deemed not medically necessary.