

Case Number:	CM14-0144914		
Date Assigned:	09/12/2014	Date of Injury:	12/20/2003
Decision Date:	10/24/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/08/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 injured worker is a 57-year-old female who reported an injury on 12/20/2003. The mechanism of injury was not stated. Current diagnoses include right dorsal wrist ganglion cyst, trapezial/paracervical and parascapular strain, left cubital tunnel syndrome, bilateral forearm tendinitis, status post excision of left dorsal wrist ganglion cyst, status post left ASAD, status post right ASAD, and status post bilateral carpal tunnel release. Current medications included Voltaren 100 mg, Prilosec 20 mg, and Methoderm gel 120 grams. The injured worker was evaluated on 07/22/2014 with complaints of pain and swelling in the dorsal aspect of the right wrist. The physical examination revealed a 1.5 cm cystic mass over the dorsal aspect of the right wrist with slight tenderness, painful range of motion, and diminished grip strength. Treatment recommendations at that time included authorization for an excision of the right dorsal wrist ganglion cyst. A Request for Authorization Form was also submitted on 08/21/2014 for Methoderm gel, Omeprazole 20 mg, and Voltaren 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113..

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker has continuously utilized this medication since 11/2013 without any evidence of objective functional improvement. The injured worker continues to present with pain and swelling in the right wrist. There was also no frequency listed in the current request. As such, the request is not medically appropriate.

Excision of the right dorsal wrist ganglion cyst with posterior interosseous neurectomy:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic)

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Only symptomatic wrist ganglion merit excision if an aspiration fails. There is no documentation of an attempt at an aspiration prior to the request for a ganglion cyst removal. Therefore, the medical necessity has not been established. As such, the request is not medically appropriate at this time.