

<b>Case Number:</b>	CM14-0024073		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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. 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: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand 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 25 year old male, who sustained an industrial injury on December 19, 2011. He reported right wrist pain. The injured worker was diagnosed as having wrist pain and ganglion of the joint. Treatment to date has included diagnostic studies, physical therapy, medications and activity restrictions. Currently, the injured worker complains of continued wrist pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on August 20, 2013, revealed continued pain. Therapy for the hand was recommended. Evaluation on November 26, 2013, revealed continued pain in the wrist following therapy. Surgical intervention was discussed. Excision of ganglion cyst right wrist dorsum was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Excision of Ganglion Cyst Right Wrist Dorsum:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ganglion Cysts.

**Decision rationale:** According to the ODG guidelines, surgery for ganglion cysts is recommended as an option when a cause of pain, interference with activity, nerve compression and/or ulceration of the mucous cysts. The records indicate that the patient's ganglion is painful. The ACOEM guidelines recommend surgery for symptomatic ganglions, if aspiration fails. The success rate for aspiration as a curative treatment for ganglion cysts is low. Although aspiration is curative in only one-third of patients, it is a benign treatment, and surgery can always be undertaken if aspiration fails. The ACOEM guidelines restricting surgery to patients with persistent symptomatic ganglions after failed aspiration are reasonable. An initial aspiration is a reasonable management approach for this patient. Therefore, the request is not medically necessary at this time.