

Case Number:	CM14-0211305		
Date Assigned:	12/24/2014	Date of Injury:	05/15/2009
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/17/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of May 13, 2009. In a Utilization Review Report dated November 21, 2014, the claims administrator denied a request for 12 initial postoperative occupational therapy visits for the right wrist. The claims administrator stated that the applicant had undergone a ganglion cyst excision procedure. In November 13, 2014 RFA form and associated November 11, 2014 process note were referenced in the denial. In a November 11, 2014 progress note, the applicant reported persistent complaints of wrist and elbow pain status post earlier ganglion cyst removal. The attending provider stated that a ganglion cyst had apparently recurred. A cyst was evident about the right wrist. The applicant was given diagnoses of elbow medial epicondylitis and recurrent ganglion cyst. Authorization for volar ganglion cyst excision was sought, along with 12 sessions of postoperative occupational therapy. In a medical-legal evaluation of May 21, 2014, the medical legal evaluation suggested that the applicant consult a hand surgeon to obtain definitive treatment for her carpal tunnel syndrome issues. On November 20, 2014, the applicant was placed off of work, on total temporary disability. There was no mention of the applicant's having undergone the previously proposed ganglion cyst excision procedure. On December 16, 2014, the applicant was placed off of work, on total temporary disability. A ganglion cyst was evident. The applicant was given a refill of Norco. The primary treating provider acknowledged that the ganglion cyst excision procedure had not yet been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve initial post-operative occupational therapy for the right wrist, 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the MTUS Postsurgical Treatment Guidelines do support a general course of 18 sessions of treatment following ganglionectomy surgery, this recommendation is, however, qualified by commentary made in the MTUS Postsurgical Treatment Guidelines to the effect that postsurgical physical medicine is rarely needed following a gangliectomy surgery and also by commentary in MTUS 9792.24.3.a.2 to the effect that an initial course of therapy needs one half of the number of visits specified in the general course of therapy for a specific surgery. Here, one half of 18 visits, thus, would represent nine visits. It is further noted that there is no concrete evidence to support the proposition the applicant has received, underwent, been approved for, and/or had been scheduled for the proposed ganglionectomy procedure. It is difficult to support the request, as written, without more concrete evidence that the applicant is in fact slated or scheduled to undergo the ganglionectomy procedure, also apparently in dispute. Therefore, the request is not medically necessary.