

Case Number:	CM15-0004551		
Date Assigned:	01/13/2015	Date of Injury:	11/13/2013
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/06/2015

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: New York
 Certification(s)/Specialty: Neurological 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 47 year old female who sustained an industrial injury reported on 11/13/2013. She has reported a recurrent left wrist ganglion cyst. The diagnoses have included a probable left wrist ganglion cyst. Treatments to date have included consultations; electrocardiogram, chest x-ray, laboratories, and urinalysis (all noted reviewed on 10/23/14); magnetic resonance imaging studies (11/25/14); surgical aspiration of the dorsal ganglion cyst (in the past); physical therapy and modified duty; and medication management. The work status classification for this injured worker is noted to be temporarily totally disabled and not working. On 1/6/2015 Utilization Review non-certified, for medical necessity, the request for: excision of a left ganglion cyst; pre-operative clearance that included specific laboratories and chest x-ray; post-operative Levaquin 500mg #20 and Zofran 8mg #30; and post-operative physical therapy, 12 sessions, for the left wrist, Norco 5/325mg #30, and Docuprene 100mg #60, the Medical Treatment Utilization Schedule Guidelines, D Ganglion, and the Official Disability Guidelines for forearm, wrist and hand complaints, were cited. The rationale included that because the request for excision of the left ganglion cyst was non-certified for not meeting criteria for medical necessity, all of the other pre and post-operative requests were also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist ganglion cyst excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hand (updated 11/13/14) Surgery for ganglion cysts

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hand chapter-Surgery for ganglion cyst.

Decision rationale: According to the ODG guidelines surgery for a ganglion cyst would be recommended were it a cause of interference with activity, nerve compression, skin ulceration and pain. Documentation mentions pain which is not characterized beyond the recommendation for a nocturnal splint. No evidence of progression or escalation in its size or symptoms is offered.

Associated surgical services: Pre-operative Medical Clearance to include: History and Physical; EKG; UA, PT, PTT, CBC and Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidelines.gov/content.aspxid+48408> Perioperative protocol and on ODG Low Back (updated 11/21/14) Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since left wrist ganglion cyst excision is not recommended, the associated services: Pre-operative Medical clearance to included: History and Physical; UA,PT,PTT,CBC,and Chest x-ray are not needed.

Decision rationale: Since left wrist ganglion cyst excision is not recommended, the associated services: Pre-operative Medical clearance to included: History and Physical; UA,PT,PTT,CBC,and Chest x-ray are not needed.

Associated surgical services: Post-operative physical therapy x12 for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since left wrist ganglion cyst excision is not recommended, the associated services:Post-operative physical therapy x12 for the left wrist is not needed.

Decision rationale: Since left wrist ganglion cyst excision is not recommended, the associated services:Post-operative physical therapy x12 for the left wrist is not needed.

Associated surgical services: Levaquin 500mg, #20 to be used post-operatively: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Infectious Diseases (updated 11/11/14) Levofloxacin (Levaquin)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since left wrist ganglion cyst excision is not recommended, the associated services:Levaquin 500mg,#20 to be used post-operatively is not needed.

Decision rationale: Since left wrist ganglion cyst excision is not recommended, the associated services:Levaquin 500mg,#20 to be used post-operatively is not needed.

Associated surgical services: Zofran 8mg, #30 to be used post-operatively: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 12/31/14) Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since left wrist ganglion cyst excision is not recommended, the associated services:Zofran 8 mg #30 to be used post-operatively is not needed.

Decision rationale: Since left wrist ganglion cyst excision is not recommended, the associated services:Zofran 8 mg #30 to be used post-operatively is not needed.

Retrospective DOS: 12/2/14: Norco 5/325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 77-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76.

Decision rationale: California MTUS guidelines in the criteria for use of opioids recommend the establishment of a therapeutic trial of opioids. There is not evidence in the documentation that this was implemented. Alternatives to opioid treatment are recommended and there is not evidence these have been tried. Moreover the guidelines indicate the treatment plan is tailored to the patient. No evidence is submitted this was done.

Retrospective DOS: 12/2/14: Docuprene 100mg, #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Pain-opioids

Decision rationale: The ODG guidelines indicate that the beneficial effects of opioids is often limited by the side effects of nausea and constipation. Docusone as a stool softener with laxative effects could possibly be prescribed for patients who are having gastrointestinal problems. However, no documentation is furnished as to the rationale for this prescription.