

Case Number:	CM15-0113441		
Date Assigned:	06/19/2015	Date of Injury:	04/02/2013
Decision Date:	07/27/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 53 year old male, who sustained an industrial injury on 4/02/2013. The details of the initial injury were not included in the medical records submitted for this review. Diagnoses include right trigger thumb, status post right trigger thumb release. Treatments to date include Voltaren 100mg daily and physical therapy. Currently, he complained of swelling and pain over the previous surgical scar on the thumb, status post trigger thumb release on 11/14/13. On 5/22/15, the physical examination documented observation of a small inclusion cyst directly associated with the surgical scar of the right thumb. There was tenderness and crepitation noted. The treating diagnosis included persistent right thumb tenosynovitis with inclusion cyst of the surgical scar. The plan of care included excision of the inclusion cyst of the right thumb to be done in the office setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of scar inclusion cyst, right thumb: Upheld

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

Non-MTUS Citation Official Disability Guidelines, Forearm Wrist & Hand Chapter,
http://www.nlm.nih.gov/medlineplus/ency/presentations/100098_2.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS and ODG are quiet on scar revision. Chen et al, Scar Management: Prevention and Treatment Strategies, Current Opinion in Otolaryngology, Head and Neck Surgery, 2005 August, Volume 13, Number 4, 242-247.

Decision rationale: According to Chen and Davidson, "Aberrant wound healing results in unsightly scar, hypertrophic scar, and keloid formation, causing functional and cosmetic deformities, discomfort, psychological stress, and patient dissatisfaction." This patient has a painful scar that interferes with thumb function. He has an inclusion cyst that is painful, and scar revision should alleviate the pain by removing the painful cyst.

Therapy x 6, right thumb: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist and Hand Chapter.

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

Decision rationale: Per MTUS. Ganglion and cyst of synovium, tendon, and bursa (ICD9 727.4): Postsurgical treatment: 18 visits over 6 weeks. The patient has a cyst of the scar overlying his flexor tendon. The requested six OT visits falls within the recommended guidelines.