

Case Number:	CM15-0114518		
Date Assigned:	06/22/2015	Date of Injury:	12/12/2012
Decision Date:	09/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/15/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 42 year old male who sustained an industrial injury on 12/12/2012. Diagnoses include left, other enthesopathy of and tarsus, tarsal tunnel, left ankle internal derangement, peripheral neuritis, and left plantar fasciitis, status post left fractured tibia. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, and lace up ankle support. The injured worker refuses injection therapy. Magnetic Resonance Imaging of the left ankle done on 09/02/2014 shows plantar fasciitis, ganglion versus synovial cyst anteromedial to the inferior medial malleolus, calcaneal ganglion cyst, traction osteophyte at the calcaneal attachment site of the plantar aponeurosis, and Stieda's process of posterior talus with adjacent os trigonum. A physician progress note dated 04/27/2015 documents the injured worker complains of constant moderate throbbing left leg pain and stiffness radiating to the foot. Dermatome sensation is decreased over the left lower leg. There is tenderness noted over the left leg and ankle. Anterior and posterior Drawer causes pain. Treatment requested is for Associated surgical services: Chest x-ray, Associated surgical services: EKG, Associated surgical services: Labs: PT, PTT, CBC, electrolytes, creatinine and glucose, Associated surgical services: Preoperative medical clearance, and Excision of ganglion cyst to the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of ganglion cyst to the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM is silent on ganglia in the ankle. According to the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand conditions, page 271, ganglion excision is recommended after aspiration has failed to resolve the condition. Wrist ganglia are referenced as they are more common with better evidence based medicine and the treatment algorithms are the same. As the exam notes from 4/27/15 do not demonstrate an attempt at aspiration, the request is not medically necessary.

Associated surgical services: Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Labs: PT, PTT, CBC, electrolytes, creatinine and glucose: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.