

Case Number:	CM15-0176999		
Date Assigned:	09/29/2015	Date of Injury:	03/25/2015
Decision Date:	11/10/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 injured worker is a 59 year old female who sustained an industrial injury on 03-25-2015. A review of the medical records indicated that the injured worker is undergoing treatment for the left thumb and left radial wrist sprain. According to the treating physician's progress report on 07-29-2015, the injured worker continues to experience pain overlying the left thumb basal joint and dorsal radial wrist at the scapholunate ganglion region. The injured worker rated her pain at 5 out of 10 on the pain scale. Examination demonstrated focal pain of the basal thumb joint with positive grind test and focal pain overlying the scapholunate intercarpal joint without evidence of scapholunate ligament or distal radioulnar joint instability. Recent diagnostic testing interpreted within the progress note dated 07-29-2015, noted "no evidence of scapholunate or triangular fibrocartilage complex (TFCC) full thickness tear". There was an associated 1.4cm ganglion cyst at the dorsal scapholunate intercarpal joint with left thumb basal joint arthropathy. Official report performed on 07-16-2015 was available. Prior treatments have included physical therapy, thumb spica splint and medications. Treatment plan consists of modified work activities without the use of the left hand, spica splint during work hours and the current request for authorization on 07-29-2015 for left wrist arthroscopy under regional anesthetic with possible removal of ganglion cysts, left basal joint arthroplasty and post-op physical therapy x12, twice weekly for 6 weeks. On 08-13-2015 the Utilization Review determined the request for left wrist arthroscopy under regional anesthetic with possible removal of ganglion cysts, left basal joint arthroplasty and post-op physical therapy x12, twice weekly for 6 weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left basal joint arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed., Chapter 13, Thumb Basal Joint Arthritis.

Decision rationale: This is a request for resection arthroplasty, which is the surgical removal of a joint for severe arthritis symptoms. The proposed surgery is beyond the scope of the CA MTUS, but discussed in detail in the specialty text referenced. The records reviewed are contradictory and the history and symptoms do not correlate with arthritis at the base of the thumb as a primary source of symptoms. The incident occurred on March 25, 2015 and is best described in a hand written statement by the patient dated March 26, 2015. During the incident, someone grabbed a credit card and paperwork away from the injured worker pulling on her hand and afterwards she felt pain throughout the arm including in the fingers, wrist, elbow, around the shoulder and in the side of the neck. Pulling on the thumb or arm does not cause arthritis. Symptoms throughout the arm including in the neck are not consistent with arthritis at the base of the thumb. MRI of the hand and wrist on May 5, 2015 mentions arthritis in a long finger joint, but there is no mention of arthritis in the base of the thumb. The proposed surgery to remove the joint at the base of the thumb is unnecessary. Therefore, the request is not medically necessary.

Arthroscopic left wrist under regional anesthetic with possible removal of cluster of ganglion cysts: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This is a request for wrist surgery and possible removal of wrist ganglia, which are small joint fluid cysts. The request is unusual because the mechanism of injury "another individual pulling on the hand or wrist" would not cause ganglia and reported symptoms documented in a handwritten statement by the patient the day after the incident on March 26, 2015 are throughout the extremity including in the side of the neck and are inconsistent with a symptomatic ganglion. Ganglia are very frequent incidental findings on MRI and in this case a May 5, 2015 MRI of the hand identifies ganglia in 3 fingers and 2 different MRIs of the wrist note multiple ganglia in different areas of the wrist with the most recent July 16, 2015 MRI noting a volar (palm side) wrist ganglion while the treating surgeon's July 29,

2015 note reports dorsal (back side) wrist pain. The California MTUS notes that only symptomatic ganglia which have failed to improve with aspiration warrant surgical removal (271). In this case, symptoms do not correlate with any of the multiple ganglia noted on MRI and aspiration has not been performed. The request is determined to be unnecessary. Therefore, the request is not medically necessary.

Post-op physical therapy x12, twice weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: This is a request for 12 therapy sessions following proposed removal of a wrist ganglion. The surgery has been determined to be unnecessary, so the post-operative therapy is not needed. If the surgery were necessary, the appropriate guidelines for post-surgical therapy are found on page 21 where it is noted that, "post surgical physical medicine is rarely needed for ganglionectomy." Therefore, the request is not medically necessary.