

<b>Case Number:</b>	CM15-0067865		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 46-year-old female who sustained an industrial injury on 7/13/10. The injured worker reported symptoms in the neck, bilateral shoulders and bilateral upper extremities. The injured worker was diagnosed as having cervical sprain/strain, right shoulder myoligamentous injury, right shoulder sprain/strain, left shoulder internal derangement, and status post left shoulder surgery, right elbow sprain/strain, and left medial epicondylitis. Treatments to date have included non-steroidal anti-inflammatory drugs, physical therapy, activity modification, epidural injections, topical gel, and proton pump inhibitor. Currently, the injured worker complains of pain in the neck, bilateral shoulders and bilateral upper extremities. The plan of care was for surgical intervention and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Forearm Ganglion Cyst Removal and Extensor Tendon Tenolysis:** Upheld

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

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

**Decision rationale:** 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. As the exam notes from 1/20/15 do not demonstrate an attempt at aspiration, the request is not medically necessary.

**Pre-Op Testing and 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.