

Case Number:	CM15-0074824		
Date Assigned:	04/24/2015	Date of Injury:	03/25/2011
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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 31 year old female, who struck her left wrist on a copy machine on 3/25/11. The injured worker has complaints of pain in both wrists and hands. Examination noted palpable dorsal ganglion cyst in the left wrist. The diagnoses have included left wrist status post dorsal ganglion excision times two; left carpal tunnel syndrome; right De Quervain's tenosynovitis; abdominal pain, major depressive disorder and generalized anxiety disorder. Treatment to date has included cockup wrist brace for nighttime use; naprosyn; tylenol with codeine; hydrocodone; electromyography/nerve conduction study on 1/4/13; injections; excision of the left wrist mass on 9/27/13; cold and massages; gentle exercise; bilateral hand and wrist therapy and home exercise. The request was for revision left dorsal ganglion cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision left dorsal ganglion cyst: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No records from the treating surgeon were sent supporting the request. The CA MTUS notes that only symptomatic wrist ganglia merit excision. Records reviewed note diffuse symptoms, only a small minority of which could be attributed to the ganglion. Multiple records note that symptoms in the opposite wrist are more severe. Psychologic evaluation noted major depression and generalized anxiety preventing work and requiring treatment. There is no reasonable expectation that surgical treatment of the wrist ganglion will result in substantial functional improvement, such as return to work. Therefore, the request is not supported as medically necessary and appropriate.