

Case Number:	CM15-0094583		
Date Assigned:	05/20/2015	Date of Injury:	04/17/2013
Decision Date:	07/01/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 female, who sustained an industrial injury on April 17, 2013. She reported right wrist pain. The injured worker was diagnosed as having right volar wrist ganglion cyst, right FCR tenosynovitis and status post wrist strain/sprain. Treatment to date has included diagnostic studies, physical therapy, rest, aspiration therapy, medications and work restrictions. Currently, the injured worker complains of continued right wrist pain and decreased strength. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 27, 2015, revealed continued pain as noted. A right wrist, excision of volar wrist ganglion cyst and FCR (flexor carpi radialis) tenosynovectomy and an office visit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist, Excision of Volar Wrist Ganglion Cyst and FCR (Flexor carpi radialis)

Tenosynovectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome chapter, Carpal Tunnel Release Surgery.

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

Decision rationale: In this case, the records provided from the treating surgeon of December 5, 2014 and June 12, 2015 note that treatment to date has included August 2013 aspiration and corticosteroid injection. The California MTUS notes that surgical removal of symptomatic ganglia, which have failed to respond to injection, is appropriate. Therefore, the request is medically necessary.

Length of Stay, Outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome chapter - Hospital Length of Stay.

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

Decision rationale: Since the primary procedure is medically necessary, the is associated service is medically necessary.