C-IRO Inc.

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DATE OF REVIEW:
Jun/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right wrist MRI

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Determination Letters, 4/28/09, 5/27/09
MD, 5/28/09, 4/27/09, 4/16/09, 2/5/09, 12/19/08, 4/29/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male with a date of injury xx-xx-xx when he suffered severe laceration to his wrist with injuries to the median and ulnar nerves. He later developed severe forearm pain and was diagnosed with complex regional pain syndrome. He is on topamax and ibuprofen. Physical examination reveals a positive Tinnel's sign and opponens pollicis weakness. There is allodynia around the wrist area. Apparently, the claimant saw a Dr. or RME on 12/29/2008, and he recommended an MRI of the right wrist to rule out a neuroma as the cause of the pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The MRI of the wrist is medically necessary. The claimant has long-standing wrist pain and documented prior nerve injury. It is not unreasonable to look for a possible painful neuroma that is a potentially treatable cause of his pain. According to the ODG "Wrist" chapter, MRI of the wrist is indicated for: "Chronic wrist pain, plain films normal, suspect soft tissue tumor". A neuroma is one type of soft tissue mass. Therefore, the reviewer finds that medical necessity exists for Right wrist MRI.

References/Guidelines

2009 Official Disability Guidelines, 14th edition

“Wrist” chapter

Indications for imaging -- Magnetic resonance imaging (MRI)

- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required

- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required

- Acute hand20or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury

- Chronic wrist pain, plain films normal, suspect soft tissue tumor

- Chronic wrist pain, plain film normal or equivocal, suspect Kienböck's disease

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)