



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 10/20/09

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: Magnetic resonance (EG, Proton) imaging, any joint of upper extremity; without contrast material(s)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified Physical Medicine & Rehabilitation Physician

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Records from Dr., 05/08/09, 06/26/09
2. Documentation from Dr., 07/15/09
3. Documentation from Dr., 08/10/09, 08/24/09, 09/21/09
4. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee initially developed difficulty primarily with tingling and numbness in the right first, second, and third digits.

Handwritten notes were available for review from Dr. dated 05/08/09 and 06/26/09. On those dates, it was noted the claimant had a comorbid medical condition of Type II diabetes, as well as hypertension. On 05/08/09, it was recommended the injured employee utilize a wrist splint for the right upper extremity.

The employee was evaluated by Dr. on 07/15/09. On that date, the employee was diagnosed with a right carpal tunnel syndrome. It was noted that upon physical examination, pinprick testing to the palmar side of the right hand in digits one, two, and three was hypersensitive compared to the dorsal side of the right hand.

The injured employee was evaluated by Dr. on 08/10/09. On that date, it was documented the employee had numbness in both hands, the right hand more so than the left hand. It was noted that in 2006, the employee was diagnosed with carpal tunnel syndrome. However, the documentation did not indicate if at that time the employee was diagnosed with bilateral carpal tunnel syndrome or whether carpal tunnel syndrome was referable to only one of the upper extremities. The employee was diagnosed with a repetitive stress disorder, as well as bilateral carpal tunnel syndrome. She was provided a prescription for Naprosyn.

Dr. reassessed the employee on 08/24/09. It was recommended the employee receive an injection to the "bilateral wrist area". The employee was provided a prescription for Elavil, as well as Mobic.

Dr. evaluated the employee on 09/21/09. On that date, the employee was diagnosed with repetitive stress disorder, bilateral carpal tunnel syndrome, and right thumb de Quervain's tenosynovitis. It was recommended that nerve conduction studies of both the upper extremities be accomplished.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

A request has been submitted for magnetic resonance (EG, Proton) imaging, any joint of upper extremity without contrast material(s). Based upon the documentation currently available for review, **Official Disability Guidelines** would not support a medical necessity for the requested diagnostic study. It appeared the primary issue of concern in this case was whether the objective data was consistent with a medical condition of a bilateral carpal tunnel syndrome. There was no documentation to indicate a recent electrodiagnostic assessment of the upper extremities has been accomplished. **Official Disability Guidelines** do not recommend an MRI of an affected wrist in the absence of ambiguous electrodiagnostic studies. According to the above noted reference, electrodiagnostic studies were the pivotal diagnostic examination in individuals suspected with a carpal tunnel syndrome.

Consequently, based upon the medical documentation currently available for review, the above noted reference would not presently support the medical necessity for a diagnostic assessment in the form of an MRI of the right wrist or the left wrist. For reasons as stated above, **Official Disability Guidelines** would not support the requested diagnostic study to be one of medical necessity at the present time.

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

##### **1. Official Disability Guidelines**