

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 MRI of the Left Hand and Wrist

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

M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Operative Reports: 01/12/08, 11/14/08, 07/01/09

Dr.: 01/14/09, 09/30/09, 02/05/10

Chiropractor, 07/29/09, 09/22/10, 10/11/10, 11/08/10

Dr. Peer review: 10/07/09, 12/08/09, 01/18/10,

Dr. Pain and Injury Relief Center: 05/05/10

Dr. Interventional Pain Specialist: 08/12/10

Peer Review: 09/27/10, 10/11/10

Functional Capacity Evaluation: 09/28/10

X-ray Reports (left wrist and hand): 10/11/10,

Range of Motion and Manual Muscle Test: 10/15/10

Official Disability Guidelines Treatment in Worker's Comp, 2010 Updates. Forearm, Wrist and Hand

, 9/27/10 and 10/11/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work related injury to her left hand on xx/xx/xx. She suffered a severe crush injury and severe burn when she got her hand caught in rollers of a conveyor belt. The claimant underwent multiple surgeries including a left hand free flap, left index finger tendon transfer, left long finger tendon repair and left hand split thickness skin graft on 01/12/08, separation of fused fingers on 05/23/08, surgical removal of an implanted tendon glider on 11/14/08 and median nerve decompression and left carpal tunnel with forearm fascia release on 07/27/09. The claimant continued to have pain in the left hand

and wrist which she rated as 7/10. The claimant reached maximal medical improvement on 01/14/09 and was given a whole person impairment rating of 23 percent. The claimant saw Dr. , an interventional pain specialist on 08/12/10 and complained of pain on the dorsal aspect of her left hand radiating up her arm to her shoulder with tingling in the 1st and 2nd digits. Dr. noted that the claimant had had injections into her wrist in 2009 with a few days of benefit and had 2 sessions of physical therapy in 07/10 with some benefit.

He recommended placing the claimant on Neurontin as she had it before with benefit. The claimant attended a chronic pain management program but still had considerable pain at the finish of the program. Dr. recommended an MRI of the claimant's left wrist and hand as the claimant had persistent pain and increased radiation of pain up her arm with decreased sensation in the C6 dermatome. He felt the MRI would determine if scar tissue or another problem was causing nerve impingement. This was noncertified in a peer review on 09/27/10 as there had been no recent x-rays and conservative treatment such as physical therapy. Dr. felt that an EMG might be more appropriate to evaluate the neurological findings. A second peer review by Dr. on 10/11/10 noncertified the MRI as it did not meet guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The evidence-based Official Disability Guidelines discuss the indications for MRI imaging in the wrist and hand. It is indicated for acute trauma. It is also indicated for chronic wrist pain where plain films are normal and there is suspicion of soft tissue tumor or perhaps conditions such as Kienböck's disease.

Clearly this patient has a complex history of treatment following a crush injury and severe burns that occurred at work in. That said, the request appears to be centered around the subjective complaints of persistent pain and the concept that imaging studies such as an MRI scan are likely to identify scar formation that could either be causing nerve entrapment and/or a source of pain.

There is no compelling indication that the requested MRI scan in this particular case is likely to answer the questions that are being posed by the requesting provider. The MRI scan is unlikely to diagnose a peripheral nerve entrapment related to scar and/or identify whether or not scar is the etiology of this individual's pain complaints. Thus, in this particular case, this reviewer would support the previous adverse determinations for the requested MRI scan on behalf of this claimant, as they do not meet reasonable evidence-based criteria, and it appears unlikely, at least based on the clinical information provided, to result in clinically useful information. The reviewer finds that medical necessity does not exist for 1 MRI of the Left Hand and Wrist.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates.
Forearm, Wrist and Hand

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 require

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

Acute hand or 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 films normal or equivocal, suspect Kienbock'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

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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)