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Notice of Independent Review Decision

DATE OF REVIEW: 3/8/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include the medical necessity of an MRI of the left shoulder, left wrist and left elbow.

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

The reviewer is a Doctor of Chiropractic who has been in practice for greater than 15 years.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of an MRI of the left shoulder, left wrist and left elbow.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Imaging and.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 1/14/10 letter by, 1/20/10 denial letter, script for MRI dated 10/2/09, daily treatment notes from Spec Group dated 9/28/09 to 12/29/09, 11/30/09 PT progress note, 10/19/09 denial letter and 10/15/09 letter from RN.

A second set of records was received from on 2/25/10. IRO position statement, 10/1/09 report by MD and 12/16/09 addendum by Dr..

Intracorp: 2/16/10 letter by RN, 10/16/09 report by, DC and 1/19/09 report by, DC.

We did not receive the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This review involves a female who was injured while performing her job duties. The injury occurred when her left arm was “jammed when the assembly line/roller she was working on got caught.” The injury occurred on or about x/xx/xx. The treatment notes available indicate she has treated with Integra Specialty Group. Treatments include PT, left elbow surgery and injections. A PT progress note of 11/30/09 indicates reduction of physical abilities in 3 of 15 (20%) measured activities; no change in 6/15 measured activities (40%) and improvement in 6/15 measured activities (40%). She is still in a light PDL according to the documentation received. The notes she is still on hydrocodone 15 months post injury.

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

The ODG criteria for an MRI are as follows:

Shoulder:

- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs
- Subacute shoulder pain, suspect instability/labral tear

Elbow:

- Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic
- Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films nondiagnostic
- Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic
- Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic
- Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic
- Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic
- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic

Wrist:

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 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 film normal or equivocal, suspect Kienböck's disease

The carrier reviewer notes that a previous MRI has been done to the left shoulder and elbow but not to the wrist. Upon reviewing the indications for an MRI per the ODG, this patient does not qualify for an MRI at this time as she meets none of the criteria listed above.

The lack of documentation provided by the requestor makes it difficult to track this patient's course of care. The IRO summary is helpful but the ODG wrist MRI criteria require a suspicion of Kienböck's disease. There is no note of this in the records provided. The notes provided do not indicate there is an orthopedic or neurological progression of symptoms. Therefore, the requested procedure is not medically necessary at this time.

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

- ACOEM- AMERICAN 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)