

Envoy Medical Systems, LP  
1726 Cricket Hollow  
Austin, Texas 78758

PH 512/248-9020  
Fax 512-491-5145

IRO certificate

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 9/27/10

**IRO CASE #:**

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

Repeat MRI right wrist w/o contrast

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

Board certified in Orthopedic Surgery, Fellowship-trained hand surgeon

**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)

Description of review outcome for each healthcare service in dispute

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse determination letters, 7/29/10, 7/13/10,  
Clinic Ortho Notes, 3/2010-8/2010  
Imaging report 7/7/10  
Operative report 4/23/10  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient presented complaining of right wrist pain related to a work injury one year prior, which had involved a fall on the wrist for which he sought medical care three months later. An MRI scan showed a multiloculated ganglion cyst along the volar aspect of the right wrist, and excisional biopsy was performed on 4/23/10. After surgery the patient continued to have pain and an injection was performed. The patient's pain continued, and a repeat MRI was requested to better evaluate the flexor tendons, the FCR tendon, and the first dorsal compartment, and to see whether there was any residual or recurrence of ganglion.

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

I disagree with the denial of the requested repeat MRI. The patient had a multiloculated ganglion cyst, and still has residual symptoms, despite excision of the somewhat fibrotic lesion. This likely was incompletely excised from the original surgery. In addition, with a history of injury to the radial artery, it would be prudent to obtain a repeat MRI to evaluate the soft tissues in the area to assist with the investigation of the patient's persistent symptoms. The request does not fit in cleanly with the ODG guidelines, as it is not really covered by them. The patient is based on my experience as a fellowship-trained hand surgeon, standard guidelines and standard of care.

**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)