



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 6/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a magnetic resonance (EG, Proton) imaging, any joint of upper extremity; without contrast materials.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 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 prospective medical necessity of a magnetic resonance (EG, Proton) imaging, any joint of upper extremity; without contrast materials.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Carrier and Provider

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Carrier: Denial Letters – 4/28/11 & 5/4/11, Appeal Notification - 5/2/2011; Medical Necessity reports – 4/27/11 & 5/4/11; Pre-auth request – 4/23/11, Reconsideration Request – 4/29/11; Initial Eval – 4/15/11, PT Daily Notes – 4/21/11, PT Eval report – 4/19/11, Diagnostic Imaging/Testing Referral Slip – 4/15/11; New Patient Evaluation – 4/26/11; and Office Note – 5/12/11.

Records reviewed from Provider: Re-evaluation – 5/27/11; and various DWC73s.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the Attending Physicians records on 5-27-11 (and prior reports) the claimant had a hyperextension injury to his wrist on XX/XX/XXXX. This was associated with a heavy object "violently" forcing his wrist backwards and resulting in swelling. Reference was made to a large posttraumatic radialdorsal ganglion cyst of the scapho-lunate joint. Wrist motion was noted to be normal. There was tenderness without instability. The claimant underwent surgical intervention to the wrist in May of 2011. Diagnoses were noted to include wrist sprain, strain, synovitis, ganglion cyst and ligament injury. Xrays were negative in mid April of 2011. On 4/23/11, a wrist MRI was considered for numbness and tingling of fingers, along with decreased wrist range of motion. It appears that there were three therapy visits rendered prior to the initial consideration for a wrist MRI. On 4/26/11, the wrist was noted to be painful, swollen and without clinical instability. There was tenderness over the TFCC and the SL ligament complex. Wrist motion was significantly limited.

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

The applicable ODG criteria for MRI of the wrist include a clinical suspicion for fracture and/or instability. These suspicions have not been evident within this record, including the notations of both normal x-rays and a clinically stable wrist. In addition, there had only been three therapy treatment visits (rendered to the acute wrist condition) prior to a consideration for a wrist MRI. Therefore, failure of an adequate amount of conservative attempts (to treat this individual's wrist condition) had not occurred prior to consideration for an adjunctive MRI scan. Therefore, the MRI is not medically necessary at this time.

ODG-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 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
- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology.

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)