

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 11, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed MRI left wrist (76498)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

- XX Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
727.3	76498		Prop	1			12.29.10	WC949-065942	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request for an IRO-19 pages

Respondent records- a total of 55 pages of records received to include but not limited to: Utilization letters 2.24.12-3.29.12; letter 3.28.12; Request for an IRO forms; records 1.17.11-3.6.12; Open Air MRI, MRI lft wrist 2.22.12; NCS/EMG report 5.17.11; report 1.3.11; DWC forms 73

Requestor records- a total of 57 pages of records received to include but not limited to:

PHMO request for records; records 1.17.11-3.6.12; Open Air MRI, MRI lft wrist 2.22.12 and x-ray 3.2.12; NCS/EMG report 5.17.11; report 1.3.11; Utilization letters 1.25.11-3.6.12; report 1.24.11; TAC, title 28. Part 2 rule 180.28; letter regarding patient 3.9.12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female with left wrist pain which was reported January 3, 2011. In the first medical evaluation available for review on January 17, 2011, the patient reported wrist pain for about one year. She reported that her job position requires data entry frequently for eight to ten hours. A wrist brace was tried. Pain was present on the midline volar surface of the wrist and when severe, the pain would radiate into the index and middle finger, and occasionally into the little finger. There was pain with grasping and occasional night pain.

The physical examination documented negative Phalen's test, positive reverse Phalen's test, and mildly positive Tinel's. There was minimal snuffbox tenderness, mild thenar wasting, and a small pea size minimally tender nodule noted at the radial volar aspect of the wrist. Range of motion was normal without instability. The assessment was carpal tunnel syndrome and a ganglion cyst of the left wrist. Treatment included a brace in neutral position and a cortisone injection to the wrist joint was performed.

An electrodiagnostic study was performed on May 17, 2011, which documented no electrodiagnostic evidence of entrapment neuropathy or radiculopathy of the left upper extremity. The patient's left wrist pain and sensory disturbances into the left little finger does not appear to be neurologic in origin.

The ganglion cyst and wrist joint was injected with cortisone on June 14, 2011. There was a gap in medical records until January 19, 2012. There was reported increased wrist pain after working for several hours. The physical examination noted some swelling about the wrist, no tenderness about the ganglion cyst, and full range of motion with some tenderness proximally along the flexor tendon region.

A follow-up evaluation on February 16, 2012, noted that the patient reported paresthesias on the ulnar aspect of the hand and in the middle and index fingers. There was a positive Tinel's sign at the wrist.

An MRI evaluation of the left wrist was performed on February 22, 2012. No specific abnormalities were identified to explain her left wrist and fifth digit numbness. Three view x-rays of the wrist were obtained on March 2, 2012, which documented a normal examination.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines Forearm, Wrist and Hand Chapter updated March 22, 2012, MRI evaluation is indicated for chronic wrist pain if plain films are normal, there is suspected Kienbock's disease, or soft tissue tumor. The patient had suspected carpal tunnel syndrome and a ganglion cyst which did not cause vascular obstruction or skin erosion. An EMG study was performed and did not objectify any neurologic pathology; no x-rays of the left wrist were performed prior to MRI evaluation. Medical necessity of another MRI of the left wrist is not supported by the medical documentation provided including the subjective complaints, objective physical exam findings and previous diagnostic MRI and EMG studies.

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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)