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Notice of Independent Review Decision

**February 23, 2015**

**IRO CASE #:**

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

MRI bilateral wrists

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

Orthopedic Physician

**REVIEW OUTCOME:**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a right-hand-dominant female who developed pain and numbness in both hands on xx/xx/xx, due to repetitive use of the hands at work.

On June 19, 2014, the patient was evaluated by an unknown provider for bilateral hand pain, tingling and numbness. The patient reported she was using her hands repetitively for typing at work, eight hours a day, five days a week. The patient had been treated with activity modification, nonsteroidal antiinflammatory medications, wrist bracing and therapy. Currently, the patient had achy bilateral hand pain and tingling/numbness in the thumb, index, middle and ring fingers. The patient also reported nighttime hand numbness. X-rays of the bilateral hands were obtained and the patient was diagnosed carpal tunnel syndrome (CTS). Treatment options were discussed in the form of NSAIDs, therapy, orthotics, steroid injections and surgery.

The patient underwent electrodiagnostic studies on June 26, 2014. This was performed and read, showing mild bilateral median mononeuropathy with compression site at the wrist.

On July 3, 2014, the patient underwent a right carpal tunnel release. This was followed by a left carpal tunnel release performed on July 10, 2014.

From July 14, 2014, through October 15, 2014, the patient underwent therapy for the right and left wrist consisting of therapeutic exercises.

evaluated the patient on September 23, 2014, and noted intermittent soreness, stiffness and achy pain. The patient was using Naprosyn and omeprazole.

In a follow-up on October 21, 2014, noted the pain was well controlled and the patient had improved function with therapy. The incisions were clean, dry and intact with no drainage or redness. A functional capacity evaluation (FCE) was ordered to determine the patient's potential for future treatment.

In an FCE on October 22, 2014, the patient achieved a light physical demand level (PDL) against the light PDL required by her job. recommended the patient to return to work.

On October 30, 2014, performed an evaluation for maximum medical improvement/impairment (MMI/IR). The patient was placed at clinical MMI as of October 15, 2014 with 0% WPI rating. stated based on the FCE results the patient was able to return to work full duty.

On January 2, 2015, the patient reported increased pain in the bilateral wrists. She was taking ibuprofen with little benefit. Examination of the right and left wrist showed positive volar wrist tenderness. Vicodin was prescribed and magnetic resonance imaging (MRI) of the bilateral wrists was ordered.

On January 7, 2015, the request for MRI of the bilateral wrists was denied. Rationale: *"The history and documentation do not objectively support the request for MRI's of the wrists at this time. There is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications for her complaints of increased pain. There are no new or progressive focal deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated and a clarification was not provided."*

On January 26, 2015, the appeal for MRI of the bilateral wrist was denied. Rationale: *"Clinical notes indicate that the patient's initial injury occurred on March 6, 2014, and the patient underwent right wrist surgery on July 3, 2014 and left wrist surgery on July 10, 2014. However, there was no indication that an MRI was performed. In addition, there was no documentation with evidence of failed*

*conservative treatment or new trauma to the wrist to warrant the need for an MRI. Peer-to-peer contact was not successful. Therefore, the request for an MRI for the bilateral wrists is non-certified.”*

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

This individual is status post right carpal tunnel release of 07/03/2014 and left carpal tunnel release of 07/10/2014. Medical records reveal no documentation of a new wrist trauma, a failure to respond to additional conservative care, new or progressive focal deficits on physical examination to support a medical need for this type of imaging study. The 01/02/2015 Office note documented persistent pain was reported status post bilateral carpal tunnel surgery and a MRI was recommended to complete evaluation. The physical examination on 01/02/2015 revealed volar tenderness but no documentation of neurological deficits at approximately 6 months post carpal tunnel surgeries. Medical records do not document a failure to exhaust conservative care postoperatively to warrant this additional imaging study. The requested MRI of the bilateral wrists would be recommended as non-certified at this time.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**