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Description of the service or services in dispute:
CPT 73221 – Magnetic resonance (e.g. proton) imaging, any joint of upper extremity

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified Anesthesiology

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

- ☐ Overturned (Disagree)
- ☑ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)
XXXX is a XXXX year-old XXXX who was diagnosed with sprain of other part of unspecified wrist and hand (S63.8X9A). On XXXX, XXXX was working XXXX. XXXX was sent to XXXX when XXXX felt significant pain to XXXX right wrist after XXXX. XXXX had difficulty performing XXXX full duty and returning to work after the incident.

A baseline functional examination was performed at XXXX on XXXX by an unknown provider. Per the evaluation, XXXX, at the time, exhibited functional capabilities that did not meet the critical demands of XXXX previous occupation. XXXX exhibited signs of sub-maximal effort or abnormal pain behavior. XXXX was a fair candidate for return to work with lifting restrictions at the sedentary (0 to·10 pounds) effort physical demand capabilities (PDC) level. Barriers to work return included right shoulder pain and right wrist pain with 0 grip strength exhibited and very limited lifting tolerance.

A Workers' Compensation follow-up evaluation was performed by XXXX on XXXX for XXXX right shoulder complaints. XXXX complained of right hand and right arm pain, which was better with medications. The pain intensity was rated as 7/10 with maximum pain of 9/10 and minimum of 5/10. The pain was continuous and aching type, which was exacerbated by lifting and weather changes; whereas alleviated by medications and resting. On examination, XXXX was wearing a wrist brace. Tenderness to palpation was elicited at the right medial and lateral elbow and at the right wrist. Limited range of motion with pain was noted at the right wrist and elbow. Atrophy of the right forearm and hand was also present. The strength in the right upper extremity was 4/5.

Treatment to date included medications (XX, XX, XX, XX and XX), bracing (carpal tunnel brace), splint (thumb Spica splint, fiberglass splint Velcro splint), physical therapy, activity modifications (light duty work restrictions of lifting up to 5 pounds), heating pad and rest.

Per an initial Prospective / Concurrent Review Determination letter by XXXX dated XXXX, the request for MRI of the right wrist was denied. The rationale for denial was as follows: "There is no history of

traumatic event. Serial records to include Hand Surgeon evaluation have been essentially unremarkable with Hand Specialist reporting no evidence of surgical issue. Independent exam for maximum medical improvement / Impairment Rating (MMI / IR) with 0% Impairment Rating (IR). Current exam is inconsistent with prior exams."

A reconsideration Prospective / Concurrent Review Determination letter by XXXX dated XXXX documented that the reconsideration request for MRI of the right wrist was not certified as, "The previous non-certification on XXXX, was due to lack of history of a traumatic event, lack of appropriate physical examination findings, and a 0% Impairment rating. The previous non certification is supported. Additional records were not submitted for review. Records do not reflect any recent traumatic hand or wrist Injury. There is no documentation of suspected game-keeper thumb injury. The physical examination did not show internal derangement of the right wrist. The case was discussed with XXXX who stated that authorization had been given to do the peer-to-peer call on behalf of XXXX. XXXX reports that the claimant reported to this office for the first time XXXX. The claimant complained of wrist and elbow pain and did not indicate a re-injury had occurred, but simply stated there was pain. The request for reconsideration of an MRI of the right wrist including 73221 is not certified."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient injured XXXX wrist XXXX. XXXX has exhausted all treatment efforts and has been placed at MMI. Specialist evaluations have also been conducted. Two prior reviews have been conducted this year, both of which denied the request for an MRI of the wrist. Both of these reviews were accurate and correctly applied the guidelines. The ODG is quite specific with respect to MRIs and none of these guidelines appear to apply to this patient's condition. I find no reason to implement an exception to the ODG under Appendix D. I agree with the prior denials. Given the documentation available, the requested service(s) is considered not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines DWC-Division of Workers
- ☐ Compensation Policies and Guidelines European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment Guidelines
  Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome") (updated 12/19/17)

MRI (magnetic resonance imaging)

Recommended as indicated below.

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. (Mays, 2008)

While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007)

Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. (Dalinka, 2000) (Tehranzadeh, 2006) For inflammatory arthritis, high-resolution in-office MRI with an average follow up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006)

- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and 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)