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**Date notice sent to all parties:** 01/24/18

**IRO CASE #:** XXXX

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

MRI of the right hand

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

Board Certified in Orthopedic Surgery  
Fellow of the American Academy of Orthopedic Surgeons  
Fellow of the American Association of Orthopedic Surgeons  
Diplomate of the American Board of Orthopedic Surgery

**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)

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

MRI of the right hand – Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

An MRI of the right wrist and hand on XXXX was normal. The patient then attended therapy on XXXX and XXXX. Dr. XXXX performed a Designated Doctor Evaluation on XXXX. He placed the patient at MMI as of XXXX and he assigned XX a 1% whole person impairment rating. XXXX evaluated the patient on XXXX for thumb pain. XX was currently on Tylenol #3 and Naproxen. XX was tender at

the right thumb MC joint with normal ROM. The problem listed was other synovitis and tenosynovitis of the right hand. XX was released to work and given an unknown medication. On XXXX, a Medrol Dosepak was prescribed and Naproxen was refilled, as well Tylenol #3. An ACE wrap was provided and a thumb spica splint was ordered. A right thumb MRI on XXXX revealed mild tenosynovitis of the distal flexor pollicis longus tendon and a mild strain of the thumb ulnar collateral ligament without avulsion. Dr. XXXX, an orthopedist, examined the patient on XXXX. XX performed a flexor sheath tendon injection for the diagnosis of tendinitis of flexor tendon of right thumb. Dr. XXXX recommended treating the XX conservatively. On XXXX, the patient reported pain up to the mid forearm post procedure. As of XXXX XX had swelling and the wrist and forearm. XX was tender at the right thumb base up to the mid forearm with swelling throughout the digit and forearm. XX had decreased strength of the wrist. An EMG was recommended and Xx would be referred for an MRI of the wrist/forearm. On XXXX, XX complained of increased swelling in the right wrist/forearm area. XX was unable to get an EMG scheduled and XX exam was essentially unchanged. Mobic and Tramadol were refilled. The MRI was pending and they would request the EMG again. On XXXX, XX was essentially unchanged and it was noted the MRI peer to peer was unsuccessful. On XXXX, XXXX provided an adverse determination for the requested MRI of the right hand. The patient returned on XXXX. XX had no improvement in XX right hand and wrist tendinitis/pain. XX had had several injections to the affected area without relief. XX was advised to follow-up with the orthopedist and occupational therapy. Meloxicam and restrictions were continued.

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

The patient is a XX-year-old XX who reportedly sustained a work related injury on or about XXXX. The mechanism of injury was described as a hyperextension of his right thumb while XXXX. XX appeared to have an unclear diagnosis with various diagnoses to include de Quervain's tenosynovitis, strain, or XX based on the documentation provided. XX underwent various treatments to include physical therapy, non-steroidal anti-inflammatory drugs, splinting, injections, and narcotic pain medication. An MRI scan on XXXX, shortly after the alleged injury, was essentially normal. XX subsequently has undergone various ultrasound examinations and repeat MRI scan on XXXX with, again, unclear diagnosis. An FCE done on XXXX noted findings consistent with lack of effort. Electrodiagnostic studies were normal. Dr. XXXX, the Designated Doctor, placed the patient at MMI with a 1% whole person impairment rating on XXXX. The evidence based Official Disability Guidelines (ODG) note that repeat MRI scan is not routinely recommended and reserved for significant changes in symptoms or suggestion of significant pathology (Mays 2008). The medical records reviewed does not document any significant change in symptoms or objective physical findings consistent with any significant pathology. Based on the documentation, the request was non-certified on initial review and Dr. XXXX upheld the non-certification on reconsideration/appeal on XXXX. I concur with Dr. XXXX opinion that the request is not consistent with the ODG based upon the material reviewed. Therefore, the requested MRI of the right hand is not medically necessary, reasonable, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

**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)**