MEDICAL EVALUATORS
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DATE OF REVIEW: **June 28, 2018**

IRO CASE #: **XXX**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Denial of MRI of the left wrist without contrast

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO REVIEWED THE DECISION
This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the state of Texas.

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

☒ Upheld

XX

EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The claimant is a XX who was injured on XX while at work due to a fall. It was documented in the company medical record dated XX that an x-ray of the left hand was performed on XX with the following impression: "No acute bone abnormality. Joint spaces are well-maintained." MRI of the left hand without contrast was performed on XX at XX with the following impression: "There are patchy areas of marrow edema compatible with bone contusion involving the 2nd, 3rd, and 4th metacarpals and 3rd and 4th proximal phalanges of the hand. There is no evidence of fracture. There is subluxation at the 1st carpometacarpal joint. Findings may be on the basis of injury to the underlying ligament. Suggest MRI of the wrist to include this area for further evaluation. Tenosynovitis involving the 1st and 5th flexor tendons of the hand."

Office visit dated XX documented that the claimant had complaints of pain in the left hand, left thumb, left index finger, left middle finger, left right finger, left fifth finger, and left knee. Objective findings on exam included "range of motion was full and normal in all directions with complaints of pain to mid hand radiating to wrist and forearm with forceful range of motion." There was mild tenderness over palmar and dorsal aspect of the left hand and no tenderness over the left fingers and left wrist. The claimant was diagnosed with pain in the left hand; abrasion, left knee, sequela; contusion of the left hand; and contusion of the left elbow. It was noted that "MRI is still pending." Progress note dated XX documented that the claimant had complaints of pain in the left thumb, left index and left middle fingers with radiating pain in the wrist when grasping "comes and goes". It was noted that the claimant stated she "takes XX 800 mg as needed for pain" and the MRI requested by provider was still pending.

Prior UR dated XX denied the request for MRI of the left wrist without contrast based on the Official Disability Guidelines. It was noted that based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The medical records submitted for review had inadequate objective clinical findings presented of the left wrist to suggest the indicated pathologies. Furthermore, there were no prior radiographs submitted for review that would support the need for this diagnostic workup"

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

The claimant is a XX who was injured on XX while at work due to a fall. The claimant was diagnosed with pain in the left hand, left knee abrasion, left hand contusion and left elbow contusion. The request is for coverage of left wrist MRI without contrast.

The Official Disability Guidelines recommends magnetic resonance imaging (MRI) of the wrist following acute trauma in which a distal radius or scaphoid fracture is suspected but not seen on plain x-rays, acute hand trauma where collateral ligament injury is suspected, chronic wrist pain with normal plain films when there is a suspicion for soft tissue tumor, Kienbock's disease, injury to the TFCC, intraosseous ligaments, avascular necrosis, or occult fracture. The medical records provided for the above case document pain primarily located to the hand, for which, and MRI had already been completed. MRI of the hand obtained on XX documented bone contusions of the metacarpals, subluxation of the 1st carpometacarpal joint, and tenosynovitis. The chief complaint during encounters on XX, XX, XX,XX was pain in the left hand, left thumb, left index finger, left middle finger, left ring finger, left fifth finger, and left knee. Encounter on XX documents full range of left thumb CMC joint motion with only mild pain complaints. Furthermore, the documents do not show that plain radiography of the wrist had been obtained, specific treatments for the wrist (not hand) had been administered, or what the suspected wrist pathology/diagnosis is to indicate the wrist MRI. The 1st carpometacarpal joint was imaged during the hand MRI on XX. Thus, it is unclear why the left wrist MRI is indicated.

Therefore, based on the Official Disability Guidelines and criteria as well as the clinical documentation stated above, the request for coverage of MRI of the left wrist without contrast is not medically necessary.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome") (updated 05/09/18)
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)

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