

# Health Decisions, Inc.

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Amended Decision Date: October 10, 2018

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** MRI of XX wrist

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

Board Certified in Orthopedic Surgery

**REVIEW OUTCOME:**

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

Upheld (Agree)

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]:**

Patient is a XXXX who presents with complaints of XX pain, XX shoulder pain, XX wrist pain, XX pain, and multiple contusions resulting from a XXXX. The insurance company is denying MRIs of the XX , XX shoulder, XX wrist, and XX .

XXXX: Chief complaint: XX new pt. XXXX, presents with chief complaint of XX pain, XX shoulder pain, XX wrist pain, XX pain, and multiple contusions. Date of work comp injury: XXXX. Work: XXXX and is currently at regular work. Mechanism of injury: XXXX. XXXX is here for evaluation and treatment. XXXX is accompanied by XXXX. Reports a current pain level of XX/10. Describes as aching, throbbing, and stabbing. Occasionally also feels a sharp pain. Other symptoms include: swelling and stiffness. XXXX also reports XX when XXXX gets up from a squatting position, XXXX blood pressure today is XXXX (patient informed). Pain is worse with activity, weight bearing and movement. Pain is decreased with rest, ice, elevation, change of activities and medications. Has been seen by XXXX. Prior treatment includes: XXXX. X-rays: dated XXXX, of the XX shows no fracture or dislocation, there is some XX calcification at XX- XX which appears chronic as well as a fused XX-6 with an XX plate and screws. Additionally, there is some soft tissue calcification XX to XX not connected to the XX . X-ray: dated XXXX of the XX wrist shows no fractures or dislocations. MRI: none. Additionally, patient bone and multiple pictures on XXXX phone that include XX wrist ecchymosis, abrasion and swelling and pictures of XX hip ecchymosis as well as multiple bruises around the body. Assessment/Plan: Diagnosis: ) XX strain due to XXXX. 2) XX

shoulder strain to the XXXX. 3) XX wrist strain due to XXXX. 4) XX strain due to XXXX. XX) XX the body due to XXXX, head-on collision. Plan: Discussed finding and option as well as current and long-term expectations. Additional information in the form of pamphlets was provided, going over the anatomy, pathology and possible treatment options. 2) Discussed home exercise program emphasizing safe ROM. 3) MRI of the XX to evaluate injury after XXXX. MRI of the XX to evaluate injury after accident. MRI of the XX shoulder to evaluate injury after XXXX. MRI of the XX wrist to evaluate injury after XXXX. 4) Return to the cline with MRI. XX) Work: continue with limitations of XX hours of standing and 2 hours of sitting. 6) Prescriptions: XXXX one every XX pain XXXX. XXXX one every XX hours PRN pain or spasms XXXX. XXXX one or two every XX hours PRN pain XXXX. 7) Discussed appropriate hydration to prevent any XX changes. Strain of XX muscle XX.1XXA: Strain of muscle, XX and tendon at XX level, initial encounter. 2) Shoulder strain: Strain of unspecified muscle, XX and tendon at shoulder and upper arm level, XX arm, initial encounter. 3) Low XX strain .012A: Strain of muscle, XX and tendon of lower XX, initial encounter. 4) Contusion of multiple sites T14.8XXA: Other injury of unspecified body region, initial encounter. XX) Strain of muscle and/or tendon of hand XX.XX: Strain of unspecified muscle, XX and tendon at wrist and hand level, XX hand, initial encounter. 6) XX: XX and giddiness. Return to office for work comp follow-up XXXX on XXXX.

XXXX – URA Determination- XXXX, as the delegated agent for the insurer, has reviewed the prescribed plan of treatment. Treatment Requested) MRI to the XX wrist without contrast as an outpatient. Determination: Recommend prospective request for MRI to the XX wrist without contrast as an outpatient between XXXX to be non-certified. Rationale: The claimant is a XXXX. The compensable body parts are listed as the X , the XX wrist, the XX , and the XX shoulder. Medical records contained a report from the claimant's attending physician XXXX, an orthopedic surgeon. The medical documentation includes XXXX. The claimant was complaining of pain in the XX, pain in the XX shoulder, pain in the XX wrist, and pain in the low XX. The claimant works at XXXX and was currently doing XXXX regular duties. Mechanism of injury was described as a XXXX. The report stated XXXX. XXXX was being seen by XXXX accompanied by XXXX. XXXX was complaining of pain in multiple areas. The claimant described the pain as an aching, throbbing, stabbing-type pain sometimes sharp. Report stated that the claimant was seen at a local emergency room following the XXXX. Treatment included nonsteroidal anti-inflammatory medication, muscle relaxant, and pain medication- XXXX. The report indicated that the claimant has x-rays of the XX, which showed no evidence of any fractures or dislocations. The x-ray report also revealed some chronic changes and also a previous fusion at XX- XX with plate and screws. There was an x-ray of the XX wrist, which showed no evidence of fractures or dislocations. The report detailed that the claimant was taking XXXX, a muscle relaxant; XXXX, a; XXXX, also a XX. The claimant was XXXX. XXXX was also taking XXXX after every hours. The physical examination by XXXX of the XX revealed some mildly decreased ranges of motion in all directions. Axial load on the head was normal with no symptoms. Reflexes were normal graded as +2 including the biceps, triceps, and brachial radials. Motor strength was normal XX/ XX. Pulses were normal. XX shoulder examination: ROM was full passively. Minimally decreased actively. Forward flexion of 150 degrees. Abduction 140 degrees. Normal above XX degrees. XX and XX rotation were minimally decreased. Strength was essentially normal graded as 4+/ XX with abduction and flexion. There was a positive drop test between 90 and 130 degrees of arc. The claimant complained of some

pain. XX and XX drawer tests were negative. XX and XX were intact. Pulses were normal and sensation was normal. XX wrist examination: Mild ecchymosis noted with a healed abrasion and nontender to palpation. No signs of XX. ROM sensation was normal active and passively. No crepitus. No deformity. Motor strength was normal XX/ XX, and sensation was intact. XX: Tenderness to palpation. No spasms on the exam. There was some guarding. There was no swelling and erythema. Lateral bending to the XX and XX was normal. XX was straight. Extension was normal. Reflexes were normal including the patellar and ankle reflexes. Motor strength was normal. Sensation was intact. The claimant had a normal gait. Negative XX. The diagnoses were a XX sprain/strain, XX shoulder sprain/strain, XX wrist strain, and XX sprain/strain. Based on the review of the medical documentation, the claimant is XX working. Physical examination is showing no evidence of any radiculopathy. The claimant has essentially with normal strength and good function, the necessity of the request cannot be determined. There is no indication of any pathologic conditions indicating the need for these MRIs. The claimant apparently is just starting into some physical therapy and has had no other treatment and medications up to this point. Thus, the request for MRI to the XX wrist without contrast as an outpatient; is not medically necessary.

XXXX – Physician Notes- XXXX: Chief complaint: Work comp follow up. XXXX, presents with XXXX and XXXX for follow up evaluation of XX pain, XX shoulder pain, XX wrist pain, XX pain, and multiple contusions. XXXX reports that the XX pain is worse. XXXX is having more problems with motion. The XX shoulder continues with severe pain in a non-localized fashion. The XX wrist continues to be painful and is more equalized to the distal radius. The XX is worse and is having XX symptoms to the XX. XXXX denies fever/chills. Date of work comp injury: XXXX. Work: XXXX; continues with limitations. Assessment/Plan: (Same as evaluation done on XXXX). Indications for imaging – MRI: XX : -Chronic XX pain (= after XX months of conservative treatment), radiographs normal, neurologic signs or symptoms present; - XX pain with radiculopathy if severe or progressive neurologic deficit; -Chronic XX pain, radiographs show spondylosis, neurologic signs or symptoms present; -Chronic XX pain, radiographs show old trauma, neurologic signs or symptoms present; -Chronic XX pain, radiographs show bone or disc margin destruction; -Suspected XX trauma, XX pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT “normal”; -Known XX trauma: equivocal or positive plain films with neurologic deficit; -Upper XX/ XX trauma with neurological deficits. Indications for Imaging – MRI: XX: - XX trauma: with neurologic deficit; - XX trauma: trauma, neurologic deficit; - XX trauma: seat belt (chance) fracture (if focal, XX findings or other neurologic deficit); -Uncomplicated low XX pain, suspicion of cancer, infection, other “red flags”; -Uncomplicated low XX pain, with radiculopathy, after at least month of conservative therapy, sooner if severe or progressive neurologic deficit. Indications for imaging – MRI: Wrist: -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, XX; -Chronic wrist pain, plain film normal or equivocal, suspect XX XX; - Repeat MRI is not routinely recommended. Indications for imaging – MRI: Shoulder: - Traumatic shoulder pain, non-localized shoulder pain, negative radiographs; -Traumatic shoulder pain, radiographs XX lesion; -Traumatic shoulder pain, radiographs normal, suspect dislocation

even, instability, or labral tear; -Traumatic shoulder pain, radiographs normal, suspect rotator cuff tear; -Traumatic shoulder pain, radiographs complete, neuropathic syndrome (excluding plexopathy); -Atraumatic shoulder pain, suspect rotator cuff disorders (tendinosis, tear, calci. ) Strain of XX muscle XX.XX: Strain of muscle, XX and tendon at XX level, subsequent encounter. 2) Shoulder strain .: Strain of unspecified muscle, XX and XX at shoulder and upper arm level, XX arm, subsequent encounter –XX strain: Rehab exercises. 3) Low XX strain .XX: Strain of muscle, XX and tendon of lower XX, subsequent encounter. 4) Strain of muscle and/or tendon of hand XX.: Strain of unspecified muscle, XX and tendon at wrist and hand level, XX hand, subsequent encounter. XX) XX R42: XX and giddiness – XX: Care instructions. Return to office for work comp follow up 15 at urgent care clinic.

XXXX – URA Re-Determination- XXXX, as the delegated agent for the insurer, has reviewed the prescribed plan of treatment. Treatment Requested:) Reconsideration for MRI of the XX wrist without contrast as outpatient. This is a re-review of review XX. Determination:) Recommend prospective request for) Reconsideration for MRI of the XX wrist without contrast as outpatient between XXXX be non-certified. Rationale: Clinical Summary: This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The clinical note on XXXX, documented the patient has XX , XX shoulder, XX wrist, and XX pain. The patient rated the current pain a XX/10 and described the pain as aching, throbbing, and stabbing. The patient reported associated swelling and stiffness. The pain was worse with activity, weight bearing, movement and decreased with rest, ice, elevation, change in activities, and medication. Prior treatment included medication management. On physical examination of the XX, the patient had a decreased ROM, normal deep tendon reflexes, a normal motor strength, and intact sensation. On examination of the XX shoulder, the patient had weakness, a decreased motor strength with abduction and flexion, a positive drop test, pain with cross-arm abduction, and a positive painful arc from 90-130 degrees. On examination of the XX wrist, the patient had mild swelling, mild ecchymosis, a XX/ XX motor strength, and intact sensation. On examination of the XX, the patient had normal deep tendon reflexes, a normal motor strength, and intact sensation. The current diagnoses are documented as XX strain, XX shoulder strain, XX wrist strain, XX strain, and multiple ecchymosis and abrasion throughout the body. The treatment plan included an MRI of the XX, XX shoulder, XX wrist, and XX. According to the official disability guidelines, imaging is recommended for chronic wrist pain, when plain films are normal, and there is significant pathology to the wrist. In this case, it was indicated the patient had XX wrist pain. On physical examination of the XX wrist, the patient had mild swelling, mild ecchymosis, and intact sensation. However, there is no evidence the patient has had active physical therapy to the XX wrist before consideration of imaging. There was a lack of orthopedic maneuvers documenting significant pathology to the XX wrist for this patient. As such, the medical necessity of this request was not established for this patient. Based on the above documentation, the requested Reconsideration for MRI of the XX wrist without contrast, as outpatient is not medically necessary.

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

The request for MRI of the XX wrist is denied and not medically necessary.

This patient is a XXXX. XXXX sustained injuries to the XX wrist, XX shoulder, XX , and XX . The treating physician has recommended MRI studies of all these body regions.

1. **MRI XX wrist denied.** MRI of the wrist is appropriate when a fracture is suspected, and the wrist radiographs are normal. The patient complains of pain localized to the distal radius. The XXXX office note indicates no positive findings consistent with injury to the XX wrist. Further imaging of the wrist is not medically necessary.

## MRI – Wrist                      ODG Criteria

### **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 XX
- 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)

### **Evidence Summary**

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 XX months detects changes in bony XX better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006)

### **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 XX 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)