

# IRO America Inc.

**DATE OF REVIEW:** 04/08/07

**IRO CASE #:**

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

Repair of pectus carinatum

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

M.D., board certified in Pediatrics, in practice for 23 years.

**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 or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Letters from psychologist Dr. dated 4/21/2006, 6/28/2000, 7/15/2006
2. Letter from the claimant's father, an extensive 10-page letter of history reviews, and another separate letter from the claimant's father
3. Previous Independent Reviews
4. Letter and Records from Dr. 7/14/06, 7/20/06 and 7/24/2000
5. Records from Dr. 6/13/2000

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant with a history of depression apparently due to deformed chest. The letter from the member's father states that his son has an abnormality, and he has always felt like a "freak" and is very ashamed. He has felt very isolated and did used to participate in sports, but as he got older, he decided not to participate in sports to avoid peer ridicule. He does state that his son is missing out on very important things in life because of his

pectus carinatum. His father states that there is no reason why the disease must cause compression of the heart or lungs in order for treating it to be appropriate. He states it should be sufficient that the disease results in the natural bone being dislocated without there being a need for it to have consequences on other parts of the body. The letter from Dr., who is a clinical psychologist, states that the members suffers from significant anxiety, which may reflect upon an underlying depression. He does have anxiety that appears to be centered around his perception of his body, specifically his chest, as it is malformed. The member has severely restricted his activities. He does not go swimming or participate in other sports or even go on dates. He clearly does believe that the operation will change his body and therefore his self-image. The letter from the claimant's father does indicate that the claimant has had severe respiratory infections and asthma since childhood. He does state that his medical records from his previous pediatricians, Dr. and Dr. do show this, although there are no medical records that were sent from any party that have anything from Dr. or Dr.. During the teen years, he does state that the childhood asthma is "not as severe as it had been," but he continued to have difficulty and suffer attacks while playing sports, running, or otherwise exerting himself. For a few years the claimant had become relatively inactive. It does not state that he was inactive due to respiratory difficulty or due to his unwillingness to participate in sports due to his pectus deformity.

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

It is very well known that pectus carinatum produces a very rigid chest so that the chest is almost secured in a position near full inspiration. Thus, the respirations are inefficient, and then individual needs to use the diaphragm and accessory muscles for respiration rather than normal chest muscles during strenuous exercises. These findings are typical for restrictive lung disease type pattern. The heart is usually in normal position, and there is usually no murmur. There is, however, in many cases, a loss of pulmonary function. If one usually takes a careful history from the individual, they usually have difficulty with strenuous exercises, walking upstairs, and they may also have asthma. Asthma is not cured by the operation. The surgical correction is usually to remove the effected cartilage bilaterally and the excessive cartilage over the sternum. A reverse wedge is carried out on the sternum, and then bracing is in a compression system rather than the outward rigging that is required by the pectus excavatum. In review of this case, the Reviewer found no evidence of any restricted pulmonary tests that have been done. They were reported to have been done, and if so, they must not have been significant to have been mentioned by any of the participants. The pediatric surgeon, Dr. does state that he believes that the surgery was more for cosmetic reason and performed it more due to the psychological aspect of this, but there were no cardiopulmonary restrictions.

#### **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)**