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IRO America, Inc.

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An Independent Review Organization  
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DATE OF REVIEW:

8/27/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Surgical Services

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

MD, Board Certified in Otolaryngology

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Denial letters 7/20/07; 8/8/07  
Dr. 4/07-7/07  
Audiometric Rept. 4/30/07  
Physician Peer Review 8/8/07  
4/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male patient who was cutting metal with a metal torch and a piece came off and flew into his right ear. He did not seek treatment until and was diagnosed with a ruptured tympanic membrane. He is subsequently shown to have a mixed hearing loss in the affected right ear and a previous paper patch, but the

peroration has failed with a persistence of perforation and a second paper patch has been requested.

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

There are no ACOEM guidelines regarding eardrum reconstruction. The repair of acute tympanic membrane perforations is discussed at length in Bailey Head & Neck Surgery, volume I, Lippincott 1993 as well as previously summarized articles in archives Otolaryngology Head and Neck Surgery in 1987 and in December; 113 (12): 1285-7: acute tympanic membrane perforations. Cover observed Lindeman P, Edstrom S, Granstrom G. Jacobsson S, von Sydow G, Westin T, Aberg D. Department of Otolaryngology, Molndal Central Hospital, Sweden, The Influence of a Paper Prosthesis on Healing and Acute Tympanic Membrane Perforations is discussed with comparison of outcomes for observation, and surgical patients.

At this point, a second paper patch would not be indicated with failure of the first without a period for spontaneous healing, but also the realization of the severity of the slag type injury causing a more recalcitrant tympanic membrane perforation. Subsequent interventions may be needed, but as this point, a repeat paper patch is not justified.

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 (LISTED ABOVE)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (LISTED ABOVE)