

P&S Network, Inc.

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DATE OF REVIEW: December 13, 2007

IRO CASE #:

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

This case was reviewed by a Plastic Surgeon, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Revision rhinoplasty (denied on 10/16/07 and 11/6/07) to repair acquired deformity of nose

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o November 6, 2007 utilization review report
- o October 16, 2007 utilization review report
- o June 21, 2007 follow up visit note by, M.D.
- o Photocopy of the claimant's Texas drivers license
- o October 27, 2007 appeal letter

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient sustained an industrial injury on xx/xx/xx. The medical records contain a June 21, 2007 follow up visit report stating that the patient was seen for a work injury involving nasal deformity/obstruction. The report states that the patient came in after a 15-month hiatus with complaints of persistent right nasal obstruction. He had been undergoing examination by workers' compensation physicians to assess nasal obstruction and deformity. He complains of difficulties breathing, especially when working out. Examination findings included non-ill appearing, right nasal deformity, temperature 97.6, pulse 66, respiration 14, blood pressure 100/72, right external nasal deformity and depression at the junction of the right upper lateral cartilage and nasal bone, breathing improved with elevating the upper lateral cartilage during deep inhalation, midline septum, normal turbinates, positive Cottle's maneuver, normal tone, clear oral mucosa, and buccal mucosa intact. Consideration was recommended for revision rhinoplasty. The report states that upper lateral cartilage will need to be anchored to the nasal bone since there is a loss of support at that junction from the injury.

An October 16, 2007 utilization review report rendered a non-certification for this request. The report states that a conversation was held with the requesting physician. The physician stated that the patient underwent surgery with the precise date not recalled. The physician stated that the patient had a poorly healed surgical deformity that did not heal correctly. There was no mention of repeat imaging. As such, a non-certification was rendered due to insufficient clinical information to support the request. The reviewing doctor stated that there was no mechanism of injury provided. He stated that it is unclear if the patient sustained some kind of trauma and given that the request is for revision rhinoplasty, it is unclear when the former surgery occurred and there are no details of treatment. Furthermore, the reviewer stated that there are no imaging studies, sinus studies, etc. submitted for the review.

An October 27, 2007 appeal letter was submitted by the claimant. It states that it is very clear from reading the utilization report that the physician did not take the time to properly review the case. The patient stated that he has an impairment to breathing from the right side of the nose that was not present before the injury. It affects his daily activities as well as sleeping, but is especially bothersome during any type of exercise. The patient's doctor has informed him that the cartilage is not attached to the bone on the right side of the nose and is the cause of the impairment. This was caused during the injury. The patient stated that his physician has recommended a surgery to reattach the cartilage to the bone and remove the cause of the obstruction and improve breathing. He stated that it is reasonable to assume that he would no longer have breathing problems if the surgery was performed.

The records contain a November 6, 2007 utilization review report that also renders a non-certification. The reviewer commented that the patient had obviously had a nasal injury and after the discussion with the requesting physician, a septal perforation, synechia, and continued obstruction with a positive Cottle maneuver to open the nasal cavity with improvement in his breathing. However, the report notes that the clinical information was not provided to substantiate these findings and the physician would not certify the proposed procedures with the revision rhinoplasty until clinical information had been provided.

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

I agree with the previous reviewing physicians that this procedure should be non-certified. Medical records continue to fail to document the mechanism of injury, date of the previous surgery, details of treatment, imaging studies, and/or sinus studies. The procedure is non-certified because of the lack of this clinical information, although it may not be available and may not necessarily change the decision. My determination is to uphold the previous decisions to non-certify revision rhinoplasty to repair acquired deformity of nose.

The IRO's decision is consistent with the following guidelines:

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

ODG and ACOEM do not address

American Society of Plastic Surgeons

POLICY

Nasal surgery is considered reconstructive surgery and medically necessary to improve nasal respiratory function, treat anatomic abnormalities caused by birth defects or disease and revise structural deformities resulting from trauma. When reconstructed nasal surgery is performed, indications for surgery should be documented by the surgeon in the history and physical and reiterated in the operative note. Photographs are usually taken to document the preoperative condition and aid the surgeon planning surgery. In some cases the picture may record physical signs. However, they did not substantiate symptoms and should only be used by third-party payers in conjunction with less objective documentation. In circumstances where photographs may be useful to a third-party payor, the plastic surgeon should provide them. The patient must sign a specific release and confidentiality must be honored. It is the opinion of ASPS that a board-certified plastic surgeon employed or commissioned by a third-party payer must evaluate all submitted photographs.