

IRO REVIEWER REPORT

DATE OF REVIEW: 3/11/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Vein surgery -- CPT 36478; CPT 36475; CPT 37766; CPT 36471; CPT 76942

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

Board Certified General Surgeon

REVIEW OUTCOME

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

- Upheld (Agree)
- X 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

External Review, 2/27/07
 Clinical Appeals Unit, 11/15/06
 Letter from Dr., 10/10/06
 case review
 Doctor's office notes, 8/14/06, 8/15/06 and 9/12/06
 Lower extremity duplex evaluation

PATIENT CLINICAL HISTORY:

Patient is a female with symptomatic varicose veins left posterior calf. Duplex scan reveals incompetent perforator. denied procedure as patient has not and an adequate attempt at conservative management of 6 months of compression stockings.

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

The treating doctor recommended conservative treatment with support hose for 6 months. That was on 9/12/06, which was 6 months ago. If the patient currently has persistent pain interfering with her daily living activities, the procedure is indicated. If she has gained symptomatic relief with the stockings, then she would not need the procedure.

It does not seem that requiring a patient to take analgesics for 6 months to treat a condition that will not resolve with conservative management is in the best interest of the patient. If support hose/compression stockings are adequate to control the symptoms, no surgery should be done. If the pain is so intense with compression stockings, and analgesia is required, there would not be any additional benefit of requiring 6 months of analgesia.

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
- X 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)**