

Parker Healthcare Management, Inc.

DATE OF REVIEW: MARCH 22, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of a CT scan of sinus, chest and neck for chronic laryngitis

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Internal Medicine, and is engaged in a full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	IRO Decision
464.00	70486/ 71260/ 70490		Retrospective	1	1.23.07	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO

Respondent records- a total of 15 pages of records received from to include but not limited to: TDI Notice of IRO, Notice of Assignment; case notes, 1.23.07-2.5.07; Records, 1.11.07; report, Dr. 10.4.06

Requestor records- a total of 15 pages of records received to include but not limited to: TDI Notice of IRO; Notice of Assignment; Records, 1.11.07-2.8.07; CT sinuses/chest/neck, 1.23.07; report, Dr. 10.4.06; CT face, 10.23.06

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has suffered from symptoms of chronic laryngitis. She has sought many types of treatments to remedy the problem to no avail.

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

She has been treated with antibiotics and proton pump inhibitors as well as medications for allergic rhinitis and sinusitis. Her symptoms persisted and she was referred to an otorhinolaryngologist, Dr. who performed a laryngoscopy and also a CT of the sinuses.

Evidently in January of 2007, a CT scan of the chest and neck was also performed to rule out an occult neoplasm. The source that I used is called Up to Date, and according to this reference, it is recommended that an occult neoplasm be pursued if symptoms of laryngitis or hoarseness of voice persist for more than 2 weeks. In this case, she was given adequate trials of medications for esophageal reflux as well as allergic rhinitis without any resolution.

Based on a review of literature from a commonly used source for internal medicine, Up to Date, it is my judgment that the determination for denial be overturned. Given that her symptoms persisted for several months without any improvement, it is not unreasonable that a CT of the neck and chest as well as the sinuses be performed to rule out an occult neoplasm.

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
- XX 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

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(a review of literature from a commonly used source for internal medicine, called Up to Date)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)