

RYCO MedReview

Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 05/08/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral thighplasty and bilateral thigh liposuction

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

Board Certified in Plastic Surgery

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

Evaluations with M.D. dated 02/06/01, 02/13/01, 05/17/04, 12/10/04, and 08/11/05
Letters from D.O. dated 01/07/05, 03/17/05, 08/04/05, and 02/06/06
A letter from D.O. dated 01/13/05
A letter from D.O. dated 01/31/05
Letters of certification from dated 03/10/05, 05/11/06, and 10/30/06
Evaluations with M.D. dated 08/11/05 and 01/19/06
Evaluations with Dr. dated 01/25/06 and 04/26/06
Letters of non-certification from dated 02/15/06, 04/14/06, 12/11/06, 12/18/06, and 01/18/07
Letters from M.D. dated 03/10/06 and 12/11/06
Evaluations with Dr. dated 09/01/06, 09/15/06, 10/16/06, and 12/11/06
An addendum from M.D. dated 04/10/06
Letters of request from the patient dated 05/01/06, 12/21/06, and 03/12/07
A letter of medical necessity from M.D. dated 05/05/06
An operative report from Dr. dated 08/29/06
A pathology report from an unknown provider (no name or signature was available) dated 08/29/06
A pathology report from M.D. dated 12/08/06
A letter of non-certification from M.D. at dated 12/27/06
A biopsy interpreted by M.D. dated 12/28/06

PATIENT CLINICAL HISTORY [SUMMARY]:

On 02/06/01, Dr. requested a CT scan of the chest, an evaluation with a laryngologist, an endoscopic evaluation, a sleep study, arterial blood gases, and a psychiatric evaluation. On 12/10/04, Dr. requested gastric bypass surgery. On 01/07/05, Dr. also requested the surgery. Dr. also requested authorization for the surgery on 01/31/05. wrote letters of approval for surgery on 03/10/05. On 03/17/05 and 08/04/05, Dr. requested further individual therapy. On 08/11/05, Dr. requested speech therapy. On 01/19/06, Dr. removed the gastric band and recommended plastic surgery. Dr. discontinued the nasal sprays on 01/25/06. On 02/06/06, Dr. requested further individual and group therapy. On 02/15/06, 04/14/06, 12/18/06, and 01/18/07, wrote letters of non-certification for reconstructive surgery. On 05/11/06 and 10/30/06, wrote letters of certification reconstructive surgery. Dr. performed reconstructive surgery on 08/29/06. On 12/11/06, wrote a letter of non-authorization for surgery. On 12/27/07, Dr. wrote a letter of non-authorization for a thighplasty and lateral thigh liposuction. A biopsy of the mouth interpreted by Dr. on 12/28/06 was consistent with lichen planus. On 03/12/07, the patient wrote a note requesting approval for reconstructive surgery.

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

In my medical opinion, the requested bilateral thighplasty and bilateral thigh liposuction are medically reasonable and necessary and related to the work related condition. As pointed out by one of the previous peer review physicians, there are no particular “screening criteria” or “treatment Guidelines” to use for this aspect of this case. This is because there are only two options. The surgery is performed or it is not performed. In reviewing the medical records, especially those of D.O., it is difficult from a medical point of view to accept some of the medical statements and “medical rationale” that have been provided to justify the gastric bypass and reconstructive treatments. These statements do not help to clarify anything. In spite of this paperwork confusion, the medical necessity is straightforward. This individual had an enormous weight gain to the point of morbid obesity as a direct result of the treatment for her work related condition. A medical weight loss surgical procedure was “approved” and performed. She subsequently benefited from that procedure and had lost over 100 pounds. With any massive weight gain, the skin stretches, and after any weight loss, the skin “contracts” to some degree. Unfortunately, with massive stretching the skin never returns to “normal.” Also, this case is different from the “normal” post-gastric bypass patient. This is because in addition to the massive weight gain stretching out her skin, the steroids also directly affected her skin quality, especially the “elasticity.” In my opinion, this individual developed this loose, hanging skin as a direct result of the treatment of her compensable injury, and treatment should be provided to improve the skin and return it, as much as possible, to its preinjury state. Regardless of any personal opinion of someone looking at the pictures, the medical truth and reality in this case is that because of her treatment, this patient’s body is far from ever being capable of returning to her “normal” pre-injury condition. This does not mean that her skin condition cannot be improved. Therefore, the bilateral thighplasty and bilateral thigh liposuction would be reasonable and necessary as part of the workers’ compensation injury.

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)