

# **RYCO MedReview**

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 01/28/08

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Full pulmonary function test, high resolution chest CT, exercise test, bronchoscopy, CT angiogram, rhinolaryngoscopy or bronchoscopy, and Methylcholine challenge test

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

Board Certified in Pulmonary 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)

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.

Full pulmonary function test, high resolution chest CT, exercise test, bronchoscopy, CT angiogram, rhinolaryngoscopy or bronchoscopy, and Methylcholine challenge test - Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Evaluations with, M.D. dated 07/12/97, 07/20/98, 09/11/98, 09/18/98, 09/25/98, 10/08/98, 10/16/98, 10/27/98, 11/03/98, 11/05/98, 11/20/98, 01/18/99, 02/25/99, 04/20/99, 05/25/99, 07/30/99, 11/18/99, 12/09/99, 01/28/00, 05/16/00, 09/12/02, 09/24/02, 11/21/02, 01/17/03, 04/28/03, 07/28/03, 10/10/03, 01/06/05, 01/05/07, 02/23/07, and 05/16/07

Laboratory studies dated 05/21/98, 03/01/00, 05/22/03, 07/21/03, 08/14/03, 01/20/04, 09/30/04, and 05/17/07

A gynecology health history dated 05/21/98

An evaluation with, M.D. dated 05/08/00

Letters from, D.O. dated 07/18/01 and 08/14/03

Pathology reports interpreted by, M.D. dated 12/12/01 and 05/14/04

Environmental restrictions dated 04/11/02

A discharge note from an unknown provider (no name or signature was available) dated 01/26/03

Evaluations with Dr. dated 08/14/03, 09/25/03, 01/19/04, 01/20/04, 01/21/04, 01/22/04, 01/23/04, 01/24/04, 01/25/04, 01/26/04, 02/10/04, 04/04/07, 07/06/04, 09/27/04, 01/13/05, 02/24/05, and 09/06/07

An unknown test interpreted by, M.D. dated 08/17/03

Chest x-rays interpreted by, D.O. dated 09/25/03 and 09/26/03

Evaluations with, D.O. dated 09/30/03, 10/08/03, 12/04/03, 01/20/04, 01/26/04, 06/10/04, 12/09/04, 01/07/05, 08/04/05, 11/15/05, 02/06/06, 04/18/06, 06/07/06, 06/15/07, and 11/13/07

A telephone note from the patient stated 10/07/03

A left lower extremity Duplex venous study interpreted by, D.O. dated 10/13/03

An evaluation with an unknown provider (signature was illegible) dated 10/17/03

Notes from, D.O. dated 11/03/03, 11/04/03, 11/07/03, 04/12/04, 07/29/04, 10/05/04, 11/01/04, and 07/26/05

A physical therapy evaluation with, P.T. dated 11/19/03

Physical therapy with Mr. dated 11/20/03, 11/24/03, 11/26/03, 12/01/03, 12/03/03, 12/05/03, 12/09/03, 12/10/03, 12/12/03, and 01/12/04

An Explanation of Benefits form dated 11/20/03

A physical therapy progress report from Mr. dated 01/12/04

Chest x-rays interpreted by, D.O. dated 01/19/04 and 01/20/04

Medication lists dated 01/20/04, 01/23/04, and 02/08/04

Hospital notes dated 01/20/04, 01/21/04, 01/22/04, 01/23/04, 01/24/04, and 01/25/04

A plan of care dated 01/20/04

Daily care nursing notes from an unknown nurse (no name or signature was available) dated 01/21/04, 01/23/04, 11/19/04, and 11/20/04

An evaluation with, D.O. dated 01/23/04

A discharge summary from Dr. dated 01/26/04

Evaluations with Dr. dated 03/12/04, 05/25/04, 07/28/04, 10/11/04, 11/30/04, and 01/31/05

A preauthorization request for gastric bypass surgery from Dr. dated 01/31/05

Evaluations with, M.D. dated 05/10/04 and 11/15/04

A CT scan of the chest interpreted by an unknown provider (no name or signature was available) dated 05/13/04

Evaluations with, M.D. dated 05/17/04, 06/14/04, 12/10/04, 08/11/05, and 12/17/07

A letter of medical necessity from Dr. dated 06/10/04

A treatment plan from an unknown provider (no name or signature was available) dated 06/16/04

An evaluation with an unknown nurse (signature was illegible) dated 11/08/04

An esophogram interpreted by, M.D. dated 11/10/04

Evaluations with, M.D. dated 11/16/04, 12/07/04, and 01/19/06

A discharge note from an unknown provider (no name or signature was available) dated 11/16/04

A procedure note from Dr. dated 11/18/04

An evaluation with Dr. (no credentials were listed) dated 11/18/04

A patient abstract report dated 11/18/04

Physician's orders from Dr. dated 11/18/04 and 11/20/04

Chest x-rays interpreted by, M.D. dated 11/18/04

Hospital notes from 11/18/04 through 11/20/04

A chest x-ray interpreted by, M.D. dated 11/19/04

A discharge note from, R.N. dated 11/21/04

Individual therapy with, M.S.N., R.N.C. dated 11/30/04

A letter from, M.A. dated 05/09/05

A CT scan of the chest interpreted by an unknown provider (no name or signature was available) dated 08/10/05

Evaluations with, M.D. dated 08/25/05, 04/10/06, and 07/21/06

Group therapy with, Ph.D. dated 01/04/06, 01/11/06, 01/25/06, 02/01/06, 02/08/06, 02/15/06, 03/01/06, 03/08/06, 03/22/06, 04/12/06, 04/19/06, 04/26/06, 05/03/06, 05/10/06, 06/21/06, 07/12/06, 07/19/06, 07/26/06, 08/02/06, 08/09/06, 08/16/06, 08/23/06, 09/06/06, 09/13/06, 09/20/06, 09/27/06, 10/04/06, 10/11/06, 10/18/06, 10/25/06, 11/01/06, 11/08/06, 11/15/06, 11/22/06, 11/29/06, 12/13/06, 12/20/06, 01/10/07, 01/13/07, 01/24/07, 02/14/07, 02/21/07, 02/28/07, 03/07/07, 03/21/07, 03/28/07, 04/04/07, 04/11/07, 04/18/07, 05/02/07, 05/09/07, 05/16/07, 06/18/07, 06/27/07, 07/09/07, 07/18/07, 07/25/07, 08/01/07, 08/08/07, 08/15/07, 08/22/07, 09/19/07, 09/26/07, 10/03/07, 10/10/07, 10/17/07, 10/24/07, 10/31/07, and 11/07/07

Physical therapy with an unknown therapist (signature was illegible) dated 03/15/06, 03/17/06, 03/22/06, 03/27/06, and 03/31/06

A letter of certification, according to the ACOEM Guidelines, from dated 04/14/06

Notification of Appeal Outcome letters from dated 05/11/06 and 10/30/06

An operative report from Dr. dated 06/08/06

A pathology report interpreted by, M.D. dated 08/29/06

An operative report from, M.D. dated 08/29/06

Evaluations with Dr. dated 09/01/06, 09/15/06, 10/16/06, and 12/11/06

Individual counseling with, L.M.S.W. dated 09/21/06, 10/06/06, 10/20/06, 11/16/06, 01/25/07, 02/15/07, 02/22/07, 03/07/07, 03/21/07, 04/09/07, 04/23/07,

05/07/07, 05/17/07, 06/19/07, 07/02/07, 07/16/07, 07/30/07, 09/14/07, 10/03/07, 10/17/07, 11/01/07, and 11/08/07

Evaluations with, M.D. dated 11/07/06, 11/21/06

A pathology report from, M.D. dated 12/08/06

A letter from Dr. dated 12/11/06

An unknown test from, M.D. dated 12/12/06

A letter from the patient dated 12/21/06

A biopsy from, M.D. dated 12/28/06

An evaluation from an unknown provider (no name or signature was available) dated 02/23/07

Notification of Certification letter from dated 07/19/07, 12/10/07, and 12/13/07

A chest x-ray interpreted by, M.D. dated 08/24/07

Letters from Dr. dated 09/21/07, 11/30/07, and 01/08/08

A chest x-ray interpreted (no credentials were listed) dated 09/21/07

A letter of non-certification, according to the ODG, from an unknown provider (no name or signature was available) dated 11/16/07

A letter from Dr. dated 11/27/07

A letter of non-certification, according to the ODG, from an unknown provider (no name or signature was available) dated 11/28/07

A letter of non-certification, according to the ODG, from dated 12/11/07

A diaphragm fluoroscopy interpreted by an unknown provider (no name or signature was available) dated 12/18/07

Laboratory and culture studies interpreted by the unknown provider dated 12/19/07

A pathology report interpreted by, M.D. dated 12/19/07

A letter of non-certification, according to the ODG, from dated 12/20/07

A CT scan of the chest interpreted by an unknown provider (no name or signature was available) dated 12/21/07

Unknown laboratory studies from the unknown provider dated 12/21/07

A case report from, M.D. dated 01/10/08

A notification of appeal outcome dated 01/11/08

A letter of certification, according to the ACOEM Guidelines, from dated 01/14/08

An IRO request from the patient dated 01/18/08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

On 07/20/98, Dr. prescribed a Medrol Dosepak, Combivent inhaler, and a Flovent inhaler. On 10/16/98, Dr. recommended increased Xanax, Paxil, and Prednisone. On 10/27/98, Dr. recommended a referral to a speech therapist. On 05/08/00, Dr. recommended continued nebulizer treatments and a Medrol Dosepak. A pathology report interpreted by Dr. on 12/12/01 revealed patchy chronic inflammation of the bronchial wall with increased eosinophils. On 01/17/03, Dr. referred the patient to a GI physician. On 08/14/03, Dr. wrote a letter of necessity for payment of monthly pulmonary rehabilitation visits. A chest x-ray interpreted by Dr. on 09/25/03 revealed suboptimal inspiratory effort. On

09/25/03, Dr. recommended Xopenex, Atrovent, Heliox, Versed, and Ativan. On 01/19/04, Dr. recommended ICU monitoring, Ativan, oxygen therapy, and nebulizers. Another chest x-ray interpreted by Dr. on 01/19/04 revealed suboptimal inspiration and a small left pleural effusion. On 01/26/04, Dr. discharged the patient from the hospital. A CT scan of the chest interpreted by an unknown provider on 05/13/04 revealed significant pulmonary arterial hypertension and questionable esophageal motility disorder. A pathology report from Dr. on 05/14/04 revealed mild subbasal lamina thickening, submucosal edema, and minimal chronic inflammation. On 05/17/04, Dr. recommended nasal washes, CPAP titration, and continued medications. An upper GI endoscopy interpreted by Dr. on 11/18/04 was unremarkable. On 12/10/04, Dr. recommended gastric surgery. Individual therapy was performed with Mr. on 07/02/07. On 09/06/07, Dr. recommended incentive spirometry and a trial of CPAP at night. On 11/13/07, Dr. recommended individual and group psychotherapy. On 11/16/07 and 11/28/07, wrote letters of non-certification for a bronchoscopy and pulmonary function tests. On 11/30/07, Dr. wrote a letter of reconsideration request for the testing. On 12/11/07, wrote a letter of non-certification for the testing. On 12/17/07, Dr. recommended pulmonary function tests, a CT scan of the chest, an exercise test, and a Methylcholine challenge test. A diaphragm fluoroscopy interpreted by an unknown provider on 12/18/07 revealed marked weakness and localized paralysis of the right hemidiaphragm. A letter of non-certification for the recommendations by Dr. was provided on 12/20/07. On 01/08/08, Dr. recommended continued treatment with the various providers. On 01/10/08, Dr. wrote a letter of non-certification for the recommendations from Dr.

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

The pulmonary function tests certainly are useful in this patient's case. The one pulmonary function test that I could see was from 2005 and it appears to show that she has severe air flow limitation. Of interest, she has an enormous residual volume, a large residual volume of total lung capacity percent. I suppose this could be due to a paralyzed diaphragm as apparently documented with a sniff test. However, she has only had one sniff test. A lot of times a paralyzed diaphragm will go away, especially if it is related to a surgery such as a gastric bypass. The paralyzed diaphragm is on the right side, which does not make a whole lot of sense. Therefore, I think it would be useful to re-document the paralyzed diaphragm. I actually think a repeat sniff test should be done, but maybe a high resolution CT scan could also tell something about this. I think she should have a repeat sniff test to show that this is reproducible when she is feeling good.

Regarding the reactive airway disease, I do not see any real documentation of that, and, therefore, I think a Methylcholine challenge test would be reasonable.

CT angiogram would be good to make sure she does not have recurrent pulmonary emboli causing her decreased oxygenation. She does have a PAO2 of 65 and a blood gas like this is hard to fake. An exercise test would show the amount of work capability and also give more information as to whether her saturation drops with exercise or would show a diffusion problem. One could also make sure she does not have any heart problems related to this shortness of breath. A bronchoscopy would be interesting to see if she is still having reflux even after she has had gastric bypass and reflux treatment chronically for a long period for time. Rhinolaryngoscopy may be useful because of her vocal cord dysfunction syndrome that she has or apparently has, and it also could tell something about reflux.

Therefore, the requested full pulmonary function test, high resolution chest CT, exercise test, bronchoscopy, CT angiogram, rhinolaryngoscopy or bronchoscopy, and Methylcholine challenge test would be reasonable and necessary.

**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)**