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Notice of Independent Review Decision

DATE OF REVIEW: 10/02/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Internal/External nasal reconstruction

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

Licensed in Otorhinolaryngology

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.

Internal/External nasal reconstruction - Overturned

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained injuries on xx/xx/xx when she tripped on a sidewalk and injured her nose, left breast and left knee. She has attended a Designated Doctor Examination, mental health evaluation, and has undergone physical therapy. Knee surgery was also performed on 01/14/08. Her most recent medications were noted to be Darvocet, Zanaflex, Naproxen, Propoxythene, Acithex, Symax Duotab, and Tidanidine.

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

Trauma to the external nose can create a nasal bone fracture and septal trauma that initially might appear “minor” to an inexperienced individual. After the swelling resolves with time the “minor fracture” leaves a residual external deformity or “crooked nose”.

Numerous medical studies from many countries repeated over many years demonstrated that x-rays of the nasal bones are of little benefit in diagnosing a nasal fracture acutely, as the true severity of the fractures, the nature of any fractures, and the age of any fracture cannot be determined easily, if at all. A proper physical exam by an experienced individual familiar with nasal trauma is far superior to any diagnostic study.

Based on the records, the first evaluating physicians considered the nasal fracture and the nasal trauma “minor,” and without photos and records to the contrary, there was a nasal bone fracture that led to a distinct external “crooked” appearing nose.

The fact that the records document there is a visible external deformity that, based on the history, was not present prior to the fall is consistent with the internal and external deformity being more likely than not directly related to the fall of xx/xx/xx.

Therefore, the requested nasal reconstruction appears medically 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)**