

Notice of Independent Review Decision

DATE OF REVIEW: 08/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Excision mass on abdominal wall

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

The TMF physician reviewer is a board certified general surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the excision of the mass on the abdominal wall is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO
- Decision letter from – 07/10/09, 08/03/09
- Appeal from – 07/17/09
- Report of CT scan of the abdomen – 05/05/09
- Follow up note by Dr. – 05/12/09, 06/30/09
- New patient note by Dr. – 04/28/09
- Report of MRI of the abdomen – 03/18/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when she was hit in the left mid abdomen when she was pinned under a forklift. This resulted in swelling above and left of the umbilicus. A CT of the abdomen with contrast revealed “non-specific stranding changes seen within the soft tissues overlying the left lower abdomen”. An MRI of the abdomen without contrast revealed “Abnormal signal changes within the left periumbilical subcutaneous fat in a pattern suggesting scar and possible resolving hematoma” and “No evidence of hernia”. The treating surgeon is recommending that the patient undergo an excision mass abdominal wall (22900).

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

An office note from the treating physician states that the patient has a mass in the abdominal wall which has not gotten smaller over 6 months. An MRI showed that in area of the probable abnormality, there was increased signal intensity that was documented with dimensions (1cm X 3.9cm X 6.5cm). This confirms that there is a mass and the only way to ascertain what it is would be to exam it under a microscope. Thus, an excision of the mass under these circumstances would be 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 KNOWLEDGBASE
- 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)**