

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 30, 2009

**IRO CASE #:**

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

Medical necessity of proposed scar revision, left arm (14300)

### **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 plastic surgery, and is engaged in the 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	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
943.20	14300		Prosp	1					Upheld

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

TDI-HWCN-Request for an IRO-14 pages

Respondent records- a total of 109 pages of records received to include but not limited to: PHMO notice of IRO; HCFAs and records for Dr. 8.5.08-4.30.09; Hospital statement and report 7.30.08; various DWC 73 forms ; letter Ambulance 1.15.09; History Report; TDI letter 5.20.09; request for DD form; RME 6.4.09; eob 12.5.06 f

URA records- a total of 21 pages of records received to include but not limited to:

TDI letter 7.10.09; letter 6.24.09, 7.9.09; notes Dr. , 8.5.08- 6.26.09; pictures of arm in question

Requestor records- a total of 16 pages of records received to include but not limited to:

Notes, Dr. 8.5.08-6.26.09

**PATIENT CLINICAL HISTORY [SUMMARY]:**

There is a significant discrepancy between the descriptions of the wound by 2 physicians. Dr. has indicated that the patient has a horribly scarred area of the dorsal left forearm below the elbow, yet there is no description of the size of the wound nor any description of hypertrophic scarring. In fact, the description of the wound by Dr. is of a 12 cm x 7 cm area consistent with a road rash. Typically, hypertrophic scarring (which is what we are trying to prevent) is treated with a compression elastic garment. This was never recommended. For this reason, I suspect that there was no evidence of hypertrophic scarring.

A note of June 26, 2009 indicated that the patient's scar had matured, but there were only areas of redness. I am not sure that any form of scar revision would improve redness, hyperpigmentation, or hypopigmentation.

I agree with Dr. that clearly a plastic surgeon would be the most appropriate person to make this determination. While I give Dr. the benefit of the doubt there needs to be more documentation explaining the benefits of the proposed procedure. Scar revision clearly for what is described as a "road rash" seems inappropriate.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

I have seen Dr. 's plan for CPT code # 14300. This is described as an adjacent tissue rearrangement of more than 30 cm, which is unusual and complicated. I do not see how this would be of much improvement for the scar which I see in the photocopied photographs. A clinic noted by Dr. indicated that Fraxel laser treatment was also a consideration at one point. This may be a more appropriate treatment than the tissue rearrangement. Apparently, at no time, was there any evidence of hypertrophic scarring. It appears that there are more problems with pigmentation than with the quality of the scar itself. Therefore, with the medical documentation, the proposed procedure is not deemed medically appropriate.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES