

SENT VIA EMAIL OR FAX ON  
Jun/01/2009

## Pure Resolutions Inc.

An Independent Review Organization  
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**DATE OF REVIEW:**

Jun/01/2009

**IRO CASE #:**

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

Pneumatic Retinopexy of the right eye

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

MD, board certified in ophthalmology, practicing fellowship-trained medical and surgical retina specialist

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Denial Letters-4/23 & 4/13

Eye Associates-4/09

-12/19/07

Eye Inst.-7/06-3/09

Dr. -5/08

Medical Center-4/06

Retina Ctr.-5/06

Eye-12/07

**PATIENT CLINICAL HISTORY SUMMARY**

The male patient was struck in the right eye in xx-xxxx while working (blunt trauma). This clearly led to subsequent vision problems related to a dislocated and cataractous lens as documented by visits to Dr.. The patient underwent surgery by Drs. and to remove his damaged lens and implant an artificial lens in December 2007. He had an outstanding anatomic and functional outcome.

The patient was noted in March of 2009 to have a superior retinal detachment of uncertain age by Dr.. The patient was subsequently referred to a retina specialist in New Mexico to evaluate and treat as necessary the retinal detachment. The retina specialist in New Mexico recommended treatment of the retinal detachment with a pneumatic retinopexy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

Surgery, laser, or pneumatic retinopexy may all be reasonable alternatives and medically necessary and reasonable to repair the patient's retinal detachment in his right eye and prevent vision loss. In this instance, the patient's retina specialist in New Mexico has recommended a pneumatic retinopexy and this appears to be medically necessary and reasonable. Conservative treatment is not an option as retinal detachments may progress and vision may be lost; time is of the essence in many circumstances.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)