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Notice of Independent Review Decision

DATE OF REVIEW: 03/17/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Nasal endoscopy, surgical, with frontal sinus exploration with or without removal of tissue from frontal sinus

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

Board Certified in Otolaryngology
Board Certified in Plastic Surgery

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.

Nasal endoscopy, surgical, with frontal sinus exploration with or without removal of tissue from frontal sinus - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Emergency Room records from Hospital dated xx/xx/xx
A CT scan of the head dated xx/xx/xx and interpreted by, M.D.
A laboratory report dated xx/xx/xx
An MRI of the brain dated 12/04/07 and interpreted by, M.D.
A CT scan of the temporal bones dated 12/05/07 and interpreted by, M.D.
A history and physical examination from Hospital dated 12/05/07 from, M.D.
X-rays of the cervical spine dated 12/06/07 and interpreted by, M.D.
A non-contrast cranial MRI dated 12/07/07 and interpreted by an unknown physician (no name was provided)
A discharge summary from Dr. dated 12/08/07
X-rays of the lumbar spine dated 12/12/07 and interpreted by, M.D.
Evaluations with, M.D. on 12/28/07, 01/10/08, 02/14/08, 03/20/08, 04/08/08, 05/06/08, 06/02/08, 07/11/08, 07/30/08, 09/09/08, and 03/02/09
An initial evaluation from Physical Therapy Centers dated 02/20/08
An MRI of the brain dated 03/19/08 and interpreted by, M.D.
An MRI of the brain dated 06/16/08 and interpreted by an unknown physician (no name was available)
A letter dated 06/24/08
Evaluations with an unknown provider (the signature was illegible) at Medical Center ENT Associates dated 08/26/08, 08/27/08, and 01/14/09
An audiology report dated 08/27/08
A letter from, M.D. dated 09/03/08
Letters to from Dr. dated 09/03/08 and 01/16/09
A Designated Doctor Evaluation with,., M.D. dated 12/09/08
A Notice of Independent Review Decision dated 12/18/08
An MRI of the brain interpreted by, M.D. dated 01/08/09
A CT scan of the maxillofacial area interpreted by, M.D. dated 01/08/09
A carotid arteriogram interpreted by, M.D. dated 01/09/09
A letter from, M.D., according to the Official Disability Guidelines (ODG) dated 01/29/09
A letter from, M.D., according to the ODG, dated 02/10/09
Letters of non-certification from at regarding a nasal/sinus endoscopy with frontal sinus exploration and possible removal of tissue dated 01/30/09 and 02/11/09
A facsimile from, R.N., Complex Medical Case Manager, to Dr. dated 02/12/09
An undated preauthorization request form
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

A C scan of the head dated xx/xx/xx revealed very minimal right frontal extracerebral collection consistent with a tiny acute subdural hematoma. There was no significant mass effect with minimal subfrontal blood present that possibly represented a mild contusion. There was a fracture through the mastoid air cells posteriorly on the right with a minimal degree of pneumocephalus and gross overlying soft tissue swelling. An MRI of the brain dated 12/04/07 revealed fluid in the right mastoid and fluid in the right middle ear. There was a lesser degree of fluid in the left mastoid. Bifrontal and bitemporal lesions were described that

might represent small subcortical hematomas related to trauma. An MRI of the brain dated 03/19/08 revealed no evidence for acute intracranial abnormality and the previously seen parenchymal hematomas appeared to have resolved. There was generalized atrophy with likely mild chronic white matter ischemic changes and possible sinusitis. An unknown provider on 08/27/08 recommended an arteriogram, a CT scan of the sinuses, and an MRI of the head. On 09/03/08, Dr. recommended a repeat CT scan of the sinuses, an MRA of the head, and arteriograms of the head and neck. An MRI of the brain interpreted by Dr. on 01/08/09 showed a slight non-specific asymmetry in the right transverse sinus flow-void. A CT scan of the maxillofacial area interpreted by Dr. on 01/08/09 revealed a moderate paranasal sinus disease. Carotid arteriograms interpreted by Dr. on 01/09/09 were unremarkable. On 01/16/09, Dr. recommended bilateral endoscopic sinus surgery with septoplasty and turbinate resection. On 01/29/09, Dr. felt the surgery was not reasonable or necessary. On 01/30/09 and 02/11/09, Ms. wrote letters of non-certification for the surgery. On 02/10/09, Dr. also felt the surgery was not reasonable or necessary.

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

There is no objective evidence in the documentation from Dr. of any pathophysiology developing from the xx/xx/xx event. Although, the patient might have had “bilateral hemotympanum with evidence of right basilar skull fracture”, basal skull fractures do not create chronic sinusitis. Without involvement of the cribriform plate in a fracture, which would have normally required surgery, a right basal skull fracture would not have created a loss of smell. The loss of smell is due to chronic sinus disease and polyposis, which does not develop from a basal skull fracture. All of the diagnostic studies with the CT scan and MRA were normal, except for the sinus disease. Significant fractures involving the cribriform plate and developing any type of abnormality in a sinus would have demonstrated an abnormality. Therefore, the requested nasal endoscopy, surgical, with frontal sinus exploration with or without removal of tissue from frontal sinus is neither reasonable nor 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)