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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Diagnostic Laparoscopic Possible Lysis of Adhesions

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., board certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determination Letters, 8/18/09, 4/27/09
Dr. 4/21/09, 3/9/09, 3/30/09, 4/14/09, 1/12/09, 7/13/09, 8/5/09
Radiology Report, unreadable date
ODG Guidelines, Hernia chapter

PATIENT CLINICAL HISTORY SUMMARY
This is an injured worker who was injured on xx/xx/xx. He has undergone inguinal hernia repair. The records indicate the patient has had a repeat inguinal hernia exploration and has had mesh repair. CT scan shows no evidence of hernia and there has been a negative clinical examination for hernia. He has had an inguinal nerve block, which was also negative. The patient has complaints of sleep disturbance and some testicular pain but no evidence of infection, hernia, or nerve entrapment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Based upon the medical records provided for review, there is no explanation as to why this procedure would be of any benefit in this patient's case. The patient has clearly had a successful repair and a repeat exploration has not elucidated any new problems. The request is to now perform an exploratory laparoscopic evaluation. However, based upon the medical records presented, it appears that the previous surgery is intact and there is no nerve entrapment. Records presented for this review provide no explanation of the benefit from future exploration. It is for these reasons that the previous adverse determination cannot be

overturned. The reviewer finds that medical necessity does not exist for Diagnostic Laparoscopic Possible Lysis of Adhesions.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)