

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: July 26, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Urinary sphincter implant, anesthesia and EKG, 1 inpatient surgical day 08-21-08 to 08-22-08.

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

AMERICAN BOARD OF PREVENTIVE MEDICINE
AMERICAN BOARD OF UROLOGY

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

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Microbiology Culture Report, 08/18/08
- P.A., 08/19/08, 08/20/08, 08/28/08, 09/05/08, 10/02/08, 10/28/09, 10/29/09, 12/04/08
- M.D., 08/20/08, 08/22/08, 10/27/09
- , 08/20/08, 10/13/09
- Medical Center, 08/20/08
- Solutions, L.L.C., 09/22/09, 03/02/10, 03/19/10, 06/30/10
- R.N., 02/22/10
- Request for a Review by an Independent Review Organization, 03/24/10
- Texas Department of Insurance, 07/16/10

Medical records from the Provider include:

- P.A., 08/19/08, 08/20/08, 08/28/08, 09/05/08, 10/02/08, 12/04/08
- Medical Center, 08/20/08
- M.D., 10/27/09
- R.N., 02/22/10
- M.D., 05/17/10, 06/04/10, 06/24/10
- M.D., 07/13/10
- M.D., 07/01/10

PATIENT CLINICAL HISTORY:

The patient is a male who approximately x years prior to xx/xx/xx, had a radical prostatectomy performed at Hospital for prostate cancer. Following the procedure, the patient has experienced urinary incontinence and was being evaluated on this date.

On August 20, 2008, the patient had the implantation of an artificial urinary sphincter for his urinary incontinence.

By October 2, 2008, the patient had the artificial sphincter activated.

On follow-up visit of October 27, 2009, the patient was dry.

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

This patient following radical prostatectomy developed urinary incontinence. Postoperative incontinence is the most common indication for the placement of an artificial urinary sphincter. The goal standard for the surgical treatment of male stress urinary incontinence following radical prostatectomy is the artificial urinary sphincter. This procedure was indicated in the case of this patient.

The sources used for making this decision include current literature from articles written by M.D., and, M.D., in Urology. Other sources include June of 2008, Volume 6, Issue of *Urinary Incontinence Treatment*, Network Newsletter, from authors at the University, and M.D., at the University of Pittsburg.

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 (Kamran P. Sajadi, M.D., and Martha K. Terris, M.D., in eMedicine Urology)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)