

SENT VIA EMAIL OR FAX ON
Jul/26/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Incarcerated Umbilical Hernia Repair

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

MD, Board Certified in Plastic and Reconstructive Surgery with 30+ years experience and extensive experience with abdominal muscle repair

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 6/16/10 and 5/25/10
Dr. 4/27/10 thru 6/29/10
Surgeons 6/20/10 and 5/22/10
OP Report 7/2/10
MRIoA 6/11/10
Dr. 4/8/10 thru 4/30/10
CT Scan Pelvis 4/20/10
Family Clinic 4/14/10
Industrial Health Works 3/4/10 thru 4/2/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee initially suffered an abdominal strain while at work lifting a garage door on xx/xx/xx. The initial pain started in the umbilical area and extended toward the right inguinal area. The employee had a previous bilateral inguinal hernia repair. Consultation with the general surgeons, imaging by ultrasound and CT scan resulted in conflicting evidence with no umbilical or inguinal hernia demonstrated on imaging, but clinical report of a tender mass suggesting an umbilical incarcerated hernia. No nausea, vomiting, fever, or other obstructive signs were noted, nor did any develop.

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

An incarcerated hernia should be confirmed by CT or MRI imaging. The lack of any obstructive findings over a period of weeks speaks against any intestinal incarceration;

through some preperitoneal fat may have been involved. Even fat would be expected to appear on imaging, which it did not, nor did any sign of herniated intestine or fascial defect. Therefore, the IRO reviewer's medical assessment, based on the above stated reasons, is that the request is not medically necessary.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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