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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cyclodiode Laser OD Surgery Right Eye

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

MD, Board certified in Ophthalmology

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

ODG Guidelines

Denial Letters, 6/8/10, 7/1/10

Medical Center 10/4/99-6/24/10

Yanoff, Myron Ophthalmology c. 2009 Glaucoma and corneal transplant

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male injured in xx/xxxx after suffering a chemical burn to the eye. Records from 1999-present were reviewed. The patient has had cataract surgery, glaucoma surgery and corneal grafts x 4. All of the corneal transplants ultimately resulted in rejection. According to peer review the status of corneal failure is said to be irreversible OD (right eye) and glaucoma in the eye needs to be better controlled, thus the request to laser the eye. The patient's provider has requested diode cyclophotoablation to decrease the patient's intraocular pressure and preserve the optic nerve. The surgery was denied on peer review. The peer reviewer wrote that "Transscleral diode cyclophotocoagulation is not without serious complications including sympathetic ophthalmia, phthisis, and retinal detachment...according to the clinical notes, the patient does not mention any intractable pain in the eye, which might be an indication for the laser."

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

The reviewer agrees with the previous peer reviewers that there is not medical necessity for Cyclodiode Laser OD Surgery Right Eye. The status of corneal failure is said to be irreversible OD (right eye) and glaucoma in the eye needs to be better controlled. The patient's provider has requested diode cyclophotoablation to decrease the patient's intraocular pressure and preserve the optic nerve. This reviewer agrees with the prior reviewer that the intraocular pressure reading (28) may be artificially elevated due to calcified cornea because of failed corneal graft. As previous reviewer points out the requested surgery is normally reserved for the treatment of refractory glaucoma and it is not clear in this case that this is refractory. The reviewer finds that there is no medical necessity at this time for Cyclodiode Laser OD Surgery Right Eye.

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)