

SENT VIA EMAIL OR FAX ON
Feb/18/2010

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laparoscopic Right Inguinal Hernia Repair with Possible Mesh Insertion and Ablation of Right Ilioinguinal Nerve, Possible Open Surgery

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

M.D., fully trained general surgeon and plastic surgeon, board certified in Plastic Surgery, practicing for over 30 years

REVIEW OUTCOME:

s should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Denial letters, 12/21/09 and 01/07/10
2. Dr. records, 07/07/09 through 11/18/09
3. Healthcare report, 06/06/09
4. Workers' Compensation chart notes, 04/02/09
5. Dr. records, 02/02/10

PATIENT CLINICAL HISTORY SUMMARY

The patient first noticed pain in the abdomen at some date approximately a year before studies were done. This he sustained at work. He had an ultrasound done of the right inguinal area on 06/06/09, which showed some omental fat and an epididymal cyst on the right side. He was checked at the hospital on 07/07/09 for recurring pain, but no definite hernia was found. On 08/04/09, no bulge was noted, but on 11/13/09, a bulge was noted. The patient did relate his original injury was in xx/xx/xx. The attending physician at one location inserted a nerve block so that the inguinal nerve passing through the inguinal canal would be numb, and this greatly relieved or totally eliminated the pain. This was done on several occasions, indicating probable neuroma of the nerve.

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

This patient has had a recurrent and chronic condition focused on the right inguinal canal. Whereas a hernia containing intestines has not been found, there was a report with omentum or fatty tissue in the canal, which would not be expected. In addition, the nerve in the same

canal responding so distinctly to nerve blocks, which had to be repeated several times, is an indication for exploration. The reviewer's medical assessment is that it is wise to be prepared after exploring the canal and ablating the nerve to apply mesh to prevent the possibility of hernia from opening area. The possibility of an open exposure is also prudent. Therefore, the request is 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)