



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 7/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a septoplasty outpatient. (30520)

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

The reviewer is a Medical Doctor who is board certified in Plastic Surgery and has been practicing for greater than 10 years.

REVIEW OUTCOME

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a septoplasty outpatient. (30520)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Dr. and

These records consist of the following (duplicate records are only listed from one source):

: UR referral (undated), 5/14/10 radiographic report of the nasal bones, pt insurance information sheet, 5/28/10 letter by, 5/26/10 denial letter and report by MD and a report dated 6/9/10 by MD.

Dr.: Clinic notes by Dr. from 5/20/10 to 6/22/10 and an operative report of 6/9/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was struck in the nose by a 4 year old child during the course of her work duties on the date of injury. She underwent subsequent

evaluation and radiographs that demonstrated a “nondisplaced hairline fracture through the nasal bones and right maxilla with very slight diastasis of the right nasal maxillary suture. There is no significant displacement. No other fractures or dislocations are seen.” She subsequently underwent evaluation by Dr. on 5/20/10. He reported a “nasal fracture with nasal septal deviation and a nasal pyramid deformity.” He performed a “corrective septorhinoplasty, closed technique” for the patient on 6/15/10. Of note, he stated in his 5/27/10 clinic note that the patient “understands that there will be a component of the operation that will not be covered by insurance.” He noted as well that the portion of the septum that was fractured was “cartilaginous, and this did not show up on x-ray.” In the notes available, there is no mention of external nasal deviation or nasal airway obstruction.

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

According to the *Atlas of Head and Neck Surgery – Otolaryngology* by Byron J. Bailey, “Most septal fractures are accompanied by fractures of the external nasal skeleton. Generally, the severity of the internal nasal injury mirrors the extent of the external nasal injury. Minimal septal injuries in cooperative patients can be treated using topical and local anesthesia...Septoplasty should be considered in the treatment of moderate and severe nasal septal fracture dislocations.” (Page 562).

The ODG recommends rhinoplasty for facial trauma. Given the lack of documentation of external nasal deviation, septal hematoma, or nasal airway obstruction, the indication for septoplasty has not been established. Furthermore, the patient’s external nasal bony injuries were objectively minimal (based upon x-ray evaluation). In the vast majority of such patients, the internal nasal injuries are correspondingly also minimal. There is no indication that an acute injury of the septum requiring septoplasty occurred at the time of the patient’s injury; therefore, the proposed treatment is not medically necessary.

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 (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
Atlas of Head and Neck Surgery – Otolaryngology by Byron J. Bailey; page 562