

Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 20, 2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Hemorrhoidectomy, external.

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

The reviewer is a licensed General Surgeon with a specialty in gastroenterology with 53 years of experience.

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

On xx/xx/xx, Mr. was evaluated at Medical Services. Assessment: External hemorrhoid.

On June 7, 2010, FACS placed Mr. on work restrictions from June 7, 2010 to June 15, 2010. Restrictions included no pushing/pulling and he may not lift more than 10 pounds.

On June 14, 2010, Dr., a General Surgeon/Colon and Rectal Surgeon, performed a utilization review on the claimant. Rationale: There is insufficient clinical documentation submitted for review, which demonstrates that this claimant has attempted efforts of conservative care. There is no evidence that this patient has thrombosed hemorrhoid that might require more immediate surgical intervention. Therefore, it is not certified.

On June 28, 2010, DO, a General Surgeon, performed a utilization review on the claimant. Rationale: The submitted records do not provide any indication that the claimant has gone conservative care. There record does not include a detailed physical examination of the rectum. There is no description of the reported external hemorrhoid. Therefore, it is not certified.

#### **PATIENT CLINICAL HISTORY:**

The claimant was injured on xx/xx/xx, he complains of constant pain in his groin area.

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

The previous decisions are upheld based on the lack of clinical records, lack of documentation of conservative care, and insufficient clinical information to establish the medical necessity.

**References:** *The Merck Manuel, Philip D. Salinitri and Benjamin M. Raspallo Hemorrhoids: Symptoms, Diagnosis, and Treatment June 2010.*

*Aurora D. Pryor, Theodore N. Pappas, and Malcolm Stanley Branch Gastrointestinal Bleeding: A Practical Approach to Diagnosis and Management Feb. 3, 2010; ref: 194352.*

**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 (*THE MERCK MANUEL* )