



Notice of Independent Review Decision

DATE OF REVIEW:

05/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Gallbladder surgery.

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

Board Certified Surgeon

REVIEW OUTCOME

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

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.

The requested cholecystectomy is not medically necessary at this time.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 12/11/10 (date incorrect) letter from, M.D., xxxxxx
- 04/20/10 Referral
- 04/19/10 Notice To, LLC Of Case Assignment, , DWC
- 04/01/10 Notice To, Inc. of Case Assignment, , DWC
- 03/31/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 03/30/10 Facsimile Transmittal Sheet with note from, Customer Service Rep., xxxxxx
- 03/30/10 Request For A Review By An Independent Review Organization
- 03/22/10 Pre-Authorization Report & Notification, xxxxx
- 03/16/10 letter from claimant, xxxxx
- 02/26/10 Pre-Authorization Report & Notification, xxxxx
- 10/23/09 ultrasound of abdomen,xxxx
- 10/23/09 Hepatobiliary report, xxxxx
- 10/14/09 Medical History report
- 10/13/09 Medical History/Review of Systems report, xxxxx
- 09/09/09 office note, , M.D., xxxxx
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is man allegedly struck in the upper abdomen during an attempt at amelioration of a fight at his workplace. He has concomitant HIV disease and no known previous injury or intra-abdominal pathology. Sonogram of the upper abdomen is negative for gall bladder and liver abnormality, stones or thickened gall bladder. HIDA scan shows normal function of liver and gall bladder. Administration of CCK caused (recreation of) pain. Has been on no medication that would be expected to interfere with test results or cause gall bladder disease. There is no previous documentation of gall bladder disease, symptoms or evaluation.

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

There is no discernible association of gall bladder disease with blunt abdominal trauma or assault. The injured individual shows no clinical evidence of gall bladder disease though the pain elicited with administration of CCK (cholecystokinin) implies pain with gall bladder contraction, which is the function of CCK. The ejection fraction is normal as is concentration and filling of the gall bladder and ducts. There is no evidence of stones or ductal obstruction. There have been documented instances of sharp penetrating abdominal trauma with injury to the gall bladder but this does not appear pertinent to the present case. HIV infection and the frequent concomitant CMV infection are known causes of peculiar hypervascularity on the gall bladder's peritoneal surface and pose additional peril at surgery. It could be construed that they also pose a risk of rupture and hemorrhage at trauma, but there is no suggestion of such in this injured individual's history, complaints or physical findings. This injured individual may have early gall bladder disease which is common in HIV, EBV and CMV infected individuals as it is in individuals with liver disease from any etiology but it does not warrant operative intervention unless pain is progressive or debilitating. There is no documentation of debilitating pain.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

Ahrendt, S.A., Pitt, H.A., Physiology and Pathophysiology of the Biliary Tract, Sabiston Textbook of Surgery, 17th Edition, Elsevier Saunders, 2004, p.1599-1641.