

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: April 15, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

D.O.S. 01-27-2011 Stroboscopy CPT Code: 31579.

D.O.S. 02-04-2011 Stroboscopy CPT Code: 31579.

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

WHO REVIEWED THE DECISION:

FAMILY PRACTICE

PRACTICE OF OCCUPATIONAL MEDICINE

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

Medical records from the URA/Carrier include:

- Official Disability Guidelines, 2008
- 03/24/11, 03/24/11
- Request for a Review by an Independent Review Organization, 03/28/11
- M.D., 08/30/10
- Work Status Report, 01/14/11
- M.D., 01/14/11
- Associates of P.A., 01/25/11
- North, 01/27/11, 02/03/11
- 02/01/11, 02/11/11

Medical records from the Provider include:

- Work Status Report, 11/05/10, 12/01/10, 12/15/10, 01/14/11, 02/02/11/10, 03/23/11
- M.D., 11/05/10
- Clinic of North 12/01/10
- M.D., 12/15/10, 01/14/11, 02/22/11, 03/23/11
- Associates of P.A., 01/25/11

PATIENT CLINICAL HISTORY:

Initial evaluation by M.D., Latin American male, history of a job related accident occurring three months prior, xx/xx/xxxx. There appears to be an injury. The patient was initially evaluated by Dr. at Center. A chest x-ray was performed and he was released. He was complaining of headaches, throat irritation, and shortness of breath. Dr. reported posttraumatic stress disorder, although there was no diagnostic or clinical documentation of any type of testing for this diagnosis other than

subjective complaints of anxiety. He was alert and oriented times three with normal memory function. There is no notation of any pulmonary examination for the diagnosis of inhalation injury. He was given Esgic tablets for headache and given an ENT consultation as well as a mental health evaluation for posttraumatic stress disorder. A referral was made.

The patient was released to work in an unrestricted capacity by M.D., on January 14, 2011. Evaluation of the chest was normal. No gross sensory, reflux, or motor deficits were seen. Medications at that time included Celebrex, Flexeril, Darvocet, Ultram, Phenergan, Hydrocodone, Motrin, and Naproxen gel, as well as Zoloft.

It was noted a stroboscopy was requested, but a peer review by Dr. felt that this was neither reasonable nor necessary. Dr. stated that stroboscopy is used to define laryngeal pathology, but he noted that typically an ammonia gas exposure is self limited and the irritation clears within a few days. He also notes, and quite appropriately, no pulmonary function testing was performed despite concerns for shortness of breath. He felt that a direct laryngoscopy would probably be a much better test to assess his vocal cords.

Dr. returned the patient to work in an unrestricted capacity as of November 5, 2010. He was given Cymbalta and Esgic at that point. Complaints at that time were difficulty breathing and shortness of breath, but no physical examination findings were significant with regards to his pulmonary function noted. As a matter of fact there was nothing noted, there was not even an evaluation noted.

Clinic of North gave an assessment of chemical irritation and posttraumatic stress disorder, although I am not sure how chiropractic care would benefit the patient.

Dr. continued the patient in unrestricted duty as of December 15, 2010. Medications were as previously noted. Serial examinations, December 15, 2010, January 14, 2011, did not delineate any functional abnormalities.

I have pulmonary function testing results. These were performed on February 21, 2011, eight months post injury. This was assessed as demonstrating normal spirometry. There did not appear to be any injury that had resulted in a functional lung problem. He was continued in an unrestricted capacity by Dr.

Serial examination on February 22, 2011, noted no pulmonary pathology, as well as March 23, 2011, reports of headache and nervousness. No pulmonary findings.

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

As far as the necessity of stroboscopy, I would have to agree with the previous peer review. Direct laryngoscopy would probably be a much better test as far as assessment of direct laryngeal pathology. All examination findings to this point have not delineated any concern for an occult process. No hoarseness, difficulty with pronation, or pulmonary abnormalities had been detected to this point. Therefore, the etiology of the shortness of breath is still rather nebulous. Given the lack of pertinent physical findings, I cannot state that there would be any reasonable expectation that stroboscopy would result in any additional clinical information that would likely make any difference in his treatment.

I base my opinions based on my years of medical experience because there is no ODG criteria that is applicable in this situation.

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)