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**Notice of
Independent
Review
Decision**
DATE _____ OF _____

REVIEW: 03/28/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC
DATES OF SERVICE FROM 08/30/2010 TO 08/30/2010

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

Texas Board Certified Family Practice

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 06/08/XX - Pulmonary Function Report
2. 10/03/XX - Pulmonary Function Report
3. 12/19/XX - Endoscopy Report
4. 01/12/XX - Pulmonary Function Report
5. 01/23/XX-03/24/XX - Clinical Note - Illegible Signature
6. 02/02/XX - Esophagram/Barium Swallow
7. 06/28/XX - Radiographs Chest
8. 01/31/XX - Radiographs Chest
9. 07/22/XX - Laboratory Report
10. 01/02/XX - Physical Therapy Note
11. 01/07/XX - Physical Therapy Note
12. 01/08/XX - Physical Therapy Note
13. 01/09/XX - Physical Therapy Note
14. 01/12/XX - Physical Therapy Note
15. 01/27/XX - Physical Therapy Note
16. 02/04/XX - Physical Therapy Note
17. 02/06/XX - Physical Therapy Note
18. 02/19/XX - Discharge Report
19. 02/04/XX - Fiberoptic Laryngoscopy and Nasopharyngoscopy Report
20. 03/24/XX - Fiberoptic Laryngoscopy and Nasopharyngoscopy Report
21. 09/01/XX - Utilization Review
22. 09/10/XX - Utilization Review
23. 09/20/XX - Appeal Letter - MD
24. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a XX year old female with a history of chronic bronchitis and trichlorethylene exposure in 19XX. It should be noted a majority of the clinical notes are difficult to interpret due to poor handwriting and copy quality.

A Pulmonary Function Report dated 06/08/XX demonstrated mild obstructive pulmonary impairment.

A Pulmonary Function Report dated 10/03/XX demonstrated mild obstructive pulmonary impairment.

Endoscopy performed 12/19/XX demonstrated bronchitic changes in the left mainstem bronchus and dynamic collapse in the trachea.

A Pulmonary Function Report dated 01/12/XX demonstrated moderate obstructive pulmonary impairment.

An esophagram performed 02/02/XX was unremarkable without evidence of hiatal hernia or gastroesophageal reflux.

Radiographs of the chest performed 06/28/XX revealed no evidence of acute cardiopulmonary disease.

Radiographs of the chest performed 01/31/XX revealed a focal ill-defined parenchymal interstitial opacity in the right upper chest, possibly representing an early infiltrate such as pneumonia or pneumonitis.

The employee underwent fiberoptic laryngoscopy and nasopharyngoscopy on 02/04/XX and 03/24/XX. However, the results of these procedures cannot be interpreted by the notes provided for review.

The request for flexible fiberoptic laryngoscopy was denied by utilization review on 09/01/XX due to no documentation of changes in the employee's signs or symptoms to indicate a need for repeat laryngoscopy.

The request for flexible fiberoptic laryngoscopy was denied by utilization review on 09/10/XX due to a lack of current objective findings with evidence of significant change in the employee's condition.

A letter by Dr. dated 09/20/XX stated a fiberoptic laryngoscopy was necessary to assess the employee's hoarseness and dysphagia, which the employee attributed to trichlorethylene exposure in 19XX. The letter stated the employee's omeprazole dosage was recently increased due to reflux. The letter stated in past visits, indirect laryngoscopy was impossible due to hyperactive gag reflex, necessitating the need for fiberoptic laryngoscopy.

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

The requested flexible fiberoptic laryngoscopy would not be recommended as medically necessary. The employee has had two fiberoptic laryngoscopies in February and March of 20XX. There is no indication from the clinical notes that the employee has had any significant clinical changes on physical examination that would reasonably require repeat fiberoptic laryngoscopy at this time. As such, the request is not deemed medically necessary.

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

1. **Official Disability Guidelines** Does Not Address
2. Pott, Leonard M; Murray, W Bosseau. Review of video laryngoscopy and rigid fiberoptic laryngoscopy. Current Opinion in Anaesthesiology: December 2008 - Volume 21 - Issue 6 - p 750-758.
3. Carey W., et. al. Current Clinical Medicine, Cleveland Clinic, 2009.
4. Harvey, et. al. The Principles and Practice of Medicine. 22nd Ed.