Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1 Medical Hearing Test and 1 Follow-Up Visit to an Otolaryngologist

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Otolaryngologist

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
This patient is a woman who was knocked down by a vehicle at work. She sustained a closed head injury with loss of consciousness, chronic subdural hematoma, tinnitus, vestibulopathy and anosmia.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
DR. STATES THAT AN AUDIOGRAM WOULD BE WARRANTED IF THE PATIENT MET CERTAIN CRITERIA INCLUDING PERSISTENT LIGHTHEADEDNESS OR DIZZINESS. DR. NOTES IN HIS DICTATION OF 2/28/2011 THAT THE PATIENT HAD IMPROVEMENT IN HER DIZZINESS, NOT RESOLUTION AND THAT HER TINNITUS PERSISTS. IN HIS

OPINION, DR. THE SPEECH HEARING ASSOCIATION CRITERIA FOR AUDIOMETRIC SCREENING. HOWEVER, ACCORDING TO THE RECORDS THIS PATIENT HAS A KNOWN ASYMMETRICAL SENSORINEURAL HEARING LOSS AS A RESULT OF HER INJURY THAT WARRANTS PERIODIC EVALUATION FOR MONITORING, NOT SCREENING. IN ADDITION TO THE HEARING TESTING ITSELF, THE CONTINUING DIZZINESS AND TINNITUS WARRANT PERIODIC SPECIALTY EVALUATION BY THE TREATING PHYSICIAN. THE REVIEWER FINDS THERE IS A MEDICAL NECESSITY FOR 1 Medical Hearing Test and 1 Follow-Up Visit to an Otolaryngologist.

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

[ ] ACOEM-AMERICA 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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)