

SENT VIA EMAIL OR FAX ON  
Nov/17/2011

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/15/2011

**IRO CASE #:**

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

Kidney Transplant

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

General Surgery

**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**

OD Guidelines

Correspondence 11/02/11

Request for IRO dated 11/08/11

Utilization review determination dated 09/15/11

Utilization review determination dated 09/21/11

Clinical records dated 09/14/10

Radiographic report chest dated 12/08/10

Cardiology workup dated 09/27/10

Echocardiogram 09/27/10 and 10/19/11

Adenosine stress test dated 09/27/10

Digital mammography dated 11/16/10

Abdominal ultrasound dated 12/08/10

Radiographic report chest 10/19/11

Abdominal ultrasound dated 10/19/11

Cardiac stress test dated 10/19/11

Urethrogram dated 10/19/11

Lab studies

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have date of injury of xx/xx/xx. She has been diagnosed with end stage renal disease secondary to NSAID nephropathy. The claimant has been on dialysis since 2007. She is noted to have been intolerant of hemodialysis and

changed to peroneal dialysis. The record provides no early data regarding mechanism of injury and subsequent treatment.

On 09/14/11 the claimant was seen by. It is noted she has history of end stage renal disease secondary to NSAID nephropathy. He notes she has been on dialysis since 2007, subsequently switched to peroneal dialysis. She is noted to be on nightly automatic cycles at 4 cycles at 1 hour and 45 min each using 2 L of solutions. She is noted to have required peroneal catheter that was nicked during c-section of 03/20/10. She has history of right shoulder surgery in 2006 and right knee surgery in 2000. She is married and lives with husband. She denies alcohol, tobacco, or drugs. She has intact family support system. At time of evaluation her blood pressure is 146/98. She has no significant findings on physical examination. Lab studies indicate her Creatinine is 6.7. Her BUN is 26. Her ALT is 67, AST is 88, and LDH is 320. RBC, Hemoglobin, and Hematocrit are noted to be low. MCH was high at 31.6. She subsequently is recommended to be reevaluated for kidney transplant. Primary problems are end stage renal disease secondary to NSAID abuse, hypertension, anemia. She is noted to be a good candidate otherwise and will proceed with transplantation if her workup is normal. She underwent radiographs of chest on 12/08/10 which noted evidence of cholecystectomy with slight increased density in bones consistent in patients with possible renal failure. She underwent trans thoracic echocardiogram on 09/27/10, which is normal and shows no evidence of cardiac pathology. Adenosine stress test on 09/27/10 is reported as normal. Digital mammography was performed and showed no evidence of masses or calcifications in either breast. Ultrasound of abdomen was performed on 12/08/10. This study notes small echogenic kidneys compatible with history of end stage renal disease, trace of ascites status post cholecystectomy. The claimant underwent repeat ultrasound of abdomen on 10/19/11. This study notes nodular outline. Both kidneys are small and demonstrate diffuse increase in echogenicity consistent with chronic renal parenchymal disease, splenomegaly, mild perihepatic perisplenic ascites. Adenosine stress test performed on 10/19/11 noted normal left ventricular ejection fraction of 64% with no abnormalities noted. Urethrogram is opined to be unremarkable. Most recent lab studies indicate the claimant's Creatinine is 12.0, BUN 43.

The initial review was performed by on 09/15/11. opines the medical records submitted for review do not indicate the provider has seen the claimant back in clinic and reviewed final reports and workups and therefore, request for kidney transplant is non-certified.

The appeal request was reviewed and denied. He noted no additional records were submitted for review, and the request is not medically necessary.

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

The request for kidney transplant is medically necessary and the previous utilization review determinations are overturned. The submitted clinical records indicate the claimant has end stage renal disease. The records indicate the claimant initially sustained an injury on xx/xx/xx. The nature and type of injury is not described; however, based upon the records, the claimant developed end stage renal disease secondary to nonsteroidal anti-inflammatory medications. The records indicate the claimant has been receiving dialysis under this claim since 2007 indicating this is accepted condition. The claimant has undergone appropriate pre-transplant evaluation, she has no evidence of metastatic disease, and she is cleared from body system standpoint, and the records indicate progressive renal failure. The data that is available indicates the claimant meets criteria to be placed on transplant list, and therefore, this should occur immediately. Based on the clinical information provided, the requested kidney transplant is medically necessary.

**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

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)

DENNIS L. KASPER, EUGENE BRAUNWALD, ANTHONY FAUCI, STEPHEN HAUSER, DAN LONGO, J. LARRY JAMESON. HARRISON'S PRINCIPLES OF INTERNAL MEDICINE. MCGRAW-HILL PROFESSIONAL; 16 EDITION (JULY 23, 2004).

KNOLL G, COCKFIELD S, BLYDT-HANSEN T, ET AL; THE KIDNEY TRANSPLANT WORKING GROUP OF THE CANADIAN SOCIETY OF TRANSPLANTATION. CANADIAN SOCIETY OF TRANSPLANTATION CONSENSUS GUIDELINES ON ELIGIBILITY FOR KIDNEY TRANSPLANTATION. CMAJ. 2005;173(10):1-25.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)