

Core 400 LLC

An Independent Review Organization
7000 N Mopac Expressway, Suite 200
Austin, TX 78731
Phone: (512) 772-2865
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/29/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Kenalog injections to Lips

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

M.D., Board Certified Pain 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

Official Disability Guidelines (Does not address)
Request for IRO dated 04/15/12
Utilization review determination dated 02/15/12
Utilization review determination 04/03/12
Radiographic report chest dated 04/06/11
Clinical records Dr. 04/27/11
Clinic note Dr. dated 06/14/11-03/22/12
Procedure report dated 10/11/11
Clinic note Dr. dated 01/05/12
Letter of appeal Dr. dated 04/17/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured at work. He was filling his tractor when the tractor caught fire catching his shirt on fire. He had difficulty removing his shirt. He suffered 23% total body surface area, 2nd and 3rd degree burns to the face, anterior neck, posterior torso, and bilateral upper extremities. He has previously undergone EMG/NCV of his left arm on 03/19/11, EMG/NCV of chest and axilla on 03/24/11. He has areas of contractures specifically at the mouth causing him not to be able to eat. Otherwise he is doing well. On 04/27/11 he has severe hypertrophic scars to chest and left arm. He had scar contracture of left elbow, left shoulder and mouth. He has open wounds to left medial and upper arm and right chest with hyper granulation. He has open wounds to lower face and ears granulating with small amount of serosanguinous drainage. On 06/14/11 he has significant scar of mid face, nasal tip, and lower 1/3 of face and lips. He has scar contractures about the lips. On 10/11/11 he had corticosteroid injections into the face. Post procedure follow-up notes state there has been some relief of his contracture. The perioral region remains very tight and contracted. On 03/22/12 he has difficulty eating. Tight bandaging is making his lips dark red

in color. He has been doing stretching exercises and had some benefit, but he continues to have difficulty opening his mouth. There was a discussion regarding commissureplasties. There was a discussion regarding possible injections. The record includes a letter of appeal from Dr. dated 04/17/12. Dr. reports that the claimant has a very thick almost to 1cm in thickness in some areas of the face, mouth, and chin hypertrophic scar that is quite painful and significantly limiting in range of motion of his mouth. The range of motion is so limited that it is almost impossible for him to get his dentures in place. These scars are quite painful with scar neuroma. It is noted that he will most likely require extensive scar revision surgery with Integra placement, which is a costly and time consuming endeavour that can be reduced by Kenalog injections as far as the severity and amount of scarring needing to be removed.

The previous Kenalog injections were successful in reducing his hypertrophic scarring and reducing his discomfort as well as increasing his range of motion. It is opined that another Kenalog injection will continue to improve the situation and there will be a reduction in the amount of scar revision surgery he would require. The initial review was performed on 02/15/12 by Dr. who non-certified the request noting that it seems that the claimant did not get significant relief from the contractures after the initial injection. He was therefore uncertain about the potential benefit of a repeat injection and the non-certified the request. A subsequent appeal request was reviewed by Dr. on 04/03/12 who non-certified the appeal request noting that the medical records submitted did not contain a comprehensive account of the claimant's physical examination with skin, musculoskeletal, and neurologic findings such as lesion size, depth, and pigmentation.

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

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The submitted clinical records indicate that the claimant sustained second and third degree burns to multiple parts of his body. He has undergone numerous skin grafts and was noted to have hypertrophic scarring around the mouth resulting in microstomia. The claimant is noted to most likely require revision surgery at some point. The claimant has previously had corticosteroid injections with documented benefit to the injured employee. Therefore, the reviewer finds there is a medical necessity for Outpatient Kenalog injections to Lips.

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)

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