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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Open Nasal Repair w/Spredder Graft on the Left

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

M.D., Board Certified Plastic 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

Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 05/09/12

Utilization review determination dated 04/03/12

Utilization review determination dated 04/17/12

Letter of appeal dated 05/11/12

Radiographic report 02/22/12

Clinic note Dr. dated 03/26/12

Photocopy and photographs of claimant, undated

CT of the sinus dated 04/09/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who ran into a wall mounted TV set on xx/xx/xx. On the date of injury she was seen at local emergency department where radiographs were performed. This study reports a lucency seen near the base concerning for nondisplaced fracture. Overall impression is high suspicion for nondisplaced nasal bone fracture. On 03/26/12 the claimant was seen by Dr.. At this time it is reported she ran into a wall mounted TV set on xx/xx/xx. She developed bleeding from both nostrils. She was seen in ER. Her nose is sensitive. She reported it feels like it is crooked. On physical examination she has deviated nasal pyramid and separation of left upper lateral cartilage and left nasal bone, left nasal hump. There is no discharge from nostrils. Sinuses are nontender. The turbinates are boggy and pale and not hypertrophied. She was opined to have closed fracture of nasal bone and recommended to undergo open reconstruction of nasal deformity using cartilage graft placed on left side to reposition displaced left lateral cartilage. The record contains CT of sinuses dated 04/09/12. This study notes a tiny fragment of bone noted along anterior aspect of left nasal bone superiorly, which may be tiny fracture in patient with history of nasal fracture. There is mild angulation of left nasal bone noted. There is mild left to right deviation of the nasal septum

anteriorly of 2-3mm. The initial review was performed by Dr. on 04/03/12 who notes that imaging studies have not been made available for her review. In the absence of appropriate imaging studies the request is non-certified as medically necessary. The appeal request was reviewed by Dr. on 04/17/12 who notes that there was mild septal deviation noted. CT notes a tiny bone fragment, which may be a tiny fracture. He reports that photographs submitted are of generally poor reproduction quality, which does not allow for qualitative assessment of the left nasal area, which appears to be grossly normal. He notes that the nose does appear to be post-rhinoplasty and the previous rhinoplasty could account for the nasal bone irregularity noted above as well as separation of the upper lateral cartilage from the nasal bone. He finds that the request is not medically necessary. He notes that while she has sustained nasal trauma the nasal function has remained unchanged and satisfactory. He notes that the photographs provided give the appearance of a pleasing nasal structure, which might be a post-rhinoplasty nose. He notes that there are no definite visible abnormalities on the left. He opines that the structural issues are more than likely from previous rhinoplasty than from recent blunt trauma. He subsequently cites the Official Disability Guidelines and notes that the provider was not provided documentary evidence sufficient to conclude that the nasal fracture occurred at the time of injury or that the surgical correction is necessary from the sequelae of the claimant's recent nasal trauma.

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

Based upon the clinical records submitted for this review, this claimant does not meet criteria per the Official Disability Guidelines for the requested procedure. There is no significant evidence of external trauma and deformity on the submitted photographs and the record does not indicate that the claimant has sustained functional loss as a result of the reported nasal fracture. There is no documentation to establish that the claimant's airway is compromised or that there is a gross deformity. Therefore, the reviewer finds there is not a medical necessity for Open Nasal Repair w/Spredder Graft on the Left.

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)**