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## Notice of Independent Review Decision

**DATE OF REVIEW:** 5/24/12

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of 99273 Confirmatory Consultation, 99272 Confirmatory Consultation, 99242 Office Consultation.

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

The reviewer is a Medical Doctor who is board certified in Otolaryngology.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 99273 Confirmatory Consultation, 99272 Confirmatory Consultation, 99242 Office Consultation.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from

Denial- 3/27/12, 4/9/12  
Peer Review Report- 4/6/12  
Continuous Note- 3/19/12  
Medical Necessity Telephone Conference Note- 3/27/12

Records reviewed from  
Head Angiogram w-w/o Contrast- 1/23/12

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The worker has sustained a work related injury on xx/xx/xx when he sustained multiple injuries including partial ear amputation, chew lacerations to the tongue, contusions to the head, throat, and face, abdominal bruising, scapula fracture, rib fractures, and injuries to the low back and right knee. A reconstruction of the ear is planned and the current request is for neurology clearance prior to ear surgery. The provided records on above-mentioned case were reviewed. They include Continuous Notes and a Head Angiogram with and without contrast, as well as denials and telephone conference notes. The patient had a noted external injury to his ear. He has had requested reconstruction of the ear deformity, but with the patient's history of a non-operated cerebral aneurysm, as well as a history of fluxes in blood pressure, a neurology consultation has been requested. The included records include a previous approval of the ear reconstruction but a denial of the neurology consultation.

From the provided records, the patient has a compensable injury and an old aneurysm. He has noted that he has no current symptoms, but it is also noted in records that he has known hypertension, the degree of which is not defined.

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

Recommend approval of the requested services. At this point, the anesthesiologist's interpretation has not been included but as a surgical practitioner with the potential history of an aneurysm and fluxes in blood pressure that can occur during anesthesia, it would be, in my opinion, in all medical probability, reasonable, necessary and important to have a neurologist's consult. It is needed as that is his area of expertise where he needs other studies after review of his previous studies before any stress of anesthesia is undertaken.

I would approve the requested neurology consultation as reasonable and prudent in all medical probability.

There are no ODG guidelines for ear injury. There are no guidelines for preoperative evaluation. The approval comes under the terms of general medical practice and prudent patient care.

Supporting references:

Schievink, WI. Spontaneous dissection of the carotid and vertebral arteries. N Engl J Med, 2001;344:898-906.

Yonas H, Agamanolis D, Takaoka Y, White RJ. Dissecting intracranial aneurysms. Surg Neurol. 1977;8:407-415.

Iihara K, Sakai N, et al Dissecting aneurysms of the vertebral artery: a management strategy. J Neurosurg. 2002;97:259-267.

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

- ACOEM- AMERICAN 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)

Schievink, WI. Spontaneous dissection of the carotid and vertebral arteries. N Engl J Med, 2001;344:898-906.  
Yonas H, Agamanolis D, Takaoka Y, White RJ. Dissecting intracranial aneurysms. Surg Neurol. 1977;8:407-415.  
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