



Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 08/30/13

IRO CASE #:

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

Texas-licensed M.D., board certified in American Boards of Radiology, Nuclear Medicine, and Vein and Lymphatic Medicine.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right leg DVT (deep vein thrombosis) lysis, possible intervention and an IVC filter insertion

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
443.9	37620		Concurrent		06/28/13 - 07/17/13		Xx/xx/xx	xxxxxx	Upheld
443.9	37201		Concurrent		06/28/13 - 07/17/13		Xx/xx/xx	xxxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letter of denial 06/25/13 and 07/17/13, including criteria used in the denial.
3. H&P 06/06/13.
4. Vascular report 06/06/13.
5. Discharge summaries 06/10, 06/09, 06/07 and 06/06/2013.
6. Correspondence from treating doctor 07/12/13.
7. New patient note 06/20/13

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant in this case is a male who sustained injury to his right leg on xx/xx/xx associated with a fracture followed by the development of deep venous thrombosis with swelling of the leg. The DVT was subsequently confirmed by ultrasound examination. He saw and could not bear weight due to tightness and discomfort in the leg. He was placed on oral anti-coagulation (Xarelto). Because of a positive Homans sign and the extent of the thrombosis, he was advised to undergo lysis as opposed to more conservative therapy, which comprised elevation of the limb and medical grade compression stockings. There was discussion as well of the placement of an inferior vena cava filter in conjunction with the recommended clot lysis.

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

There exist no completed peer-reviewed and evidence-based studies to support the use of IVC filter placement or clot thrombolysis in patients who are able to tolerate anti-coagulant therapy. Specifically, in this patient, the appropriate use of oral anti-coagulants was instituted and supplemented with elevation of the limb and compression stockings. Until such time as ongoing examinations and studies such as the ATTRACT trial, which involves the enrollment of nearly 700 patients at 50 sites to evaluate the use of limited intervention clot thrombolysis in conjunction with anti-coagulants, is completed, the ACCP guidelines from most recently 2012 would indicate that no further intervention would be deemed medically necessary in this patient.

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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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 :**

I have reviewed the most recent guidelines of the American College of Chest Physicians with regard to evidence-based clinical practice in this instance, specifically anti-thrombotic therapy and prevention of thrombolysis, ninth edition. This was published in Chest 2012, Volume 141, Supplement 2, pages 419-494.