

US Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/13/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Inguinal lymphdenectomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified General Surgery with Fellowship training in Hand and Upper Extremity 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for an Inguinal lymphdenectomy is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical note dated 08/19/13

Clinical note dated 10/29/13

Clinical note dated 11/12/13

MRI of the lumbar spine dated 09/16/13

CT scan of the abdomen & pelvis dated 11/07/13

Adverse determinations dated 11/18/13 & 11/27/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male with a reported injury to the low back and abdomen. The clinical note dated 08/19/13 mentions the patient complaining of a sharp pain in the low back with associated stiffness. The patient reported limited range of motion. The patient subsequently reported cramping and a feeling of muscle spasms. The note mentions the patient undergoing physical therapy to address the lumbar complaints. The MRI of the lumbar spine dated 09/16/13 revealed a posterior 2mm disc protrusion and herniation impinging on the thecal sac at each of the L3-4, L4-5, and L5-S1 levels accentuated by a 7mm anterior listhesis at the L5-S1 level. The clinical note dated 10/29/13 mentions the patient having been referred secondary to left inguinal hernia pain. The patient reported a history of this pain after lifting a heavy object. The patient was noted to have been worked up for an inguinal hernia with an ultrasound which was negative. However, the patient was noted to have a history of a left inguinal hernia from his childhood. The patient stated the pain is worse with abdominal pressure. The patient was recommended for a CT scan at that time. The CT scan of the abdomen & pelvis dated 11/07/13 revealed an 11 x 6mm structure at the subcutaneous soft tissues of the left inguinal region. This was noted to possibly reflect a lymph node. No definitive fatty hilum was suggested. No other findings were present in abdomen or pelvis. The clinical note dated 11/12/13 mentions the patient

being in otherwise good health despite the left sided inguinal hernia pain. The patient was recommended for an excision and biopsy of the left groin lymphadenopathy.

The utilization review dated 11/18/13 resulted in a denial as no definitive findings were noted on the imaging studies.

The utilization review dated 11/27/13 resulted in a denial as incomplete information was submitted confirming a diagnostic work up including laboratory testing, previous antibiotic therapy, or the cause of the lymphadenopathy to include viral illness, bacterial illness, STD, or cancer.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient is noted to have a left inguinal adenopathy. Excision to address an adenopathy would be indicated provided a complete work up resulted in a likely benefit for the patient. However, no information was submitted confirming previous lab testing to confirm the patient's diagnosis. Additionally, no information was submitted regarding the cause of the lymphadenopathy. No information was submitted regarding the patient's clinical history to include bacterial illness, STD, cancer, or infectious disease. Given the inadequate information confirming the patient's complete work up to address the symptomology, this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for an Inguinal lymphdenectomy is not recommended as 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)

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

1.) Timothy V. Johnson MD, Wayland Hsiao MD¹, Keith A. Delman MD, Ashesh B. Jani MD, MSEE, Otis W. Brawley MD, Viraj A. Master MD, PhD. Extensive inguinal lymphadenectomy improves overall 5-year survival in penile cancer patients. Results from the Surveillance, Epidemiology, and End Results program. Volume 116, Issue 12, pages 2960–2966, 15 June 2010.

2.) Keith A. Delman MD, David A. Kooby MD, Kenneth Ogan MD, Wayland Hsiao MD, Viraj Master MD, PhD. Annals of Surgical Oncology. March 2010, Volume 17, Issue 3, pp 731-737. Feasibility of a Novel Approach to Inguinal Lymphadenectomy: Minimally Invasive Groin Dissection for Melanoma.