

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: October 19, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Septoplasty 30520

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

This physician is Board Certified in Otolaryngology with over 25 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained trauma to his nose while at work on xx/xx/xx. He initially sought treatment where he was prescribed Hydrocodone and sent out for a consult with ENT.

On July 1, 2014, the claimant presented with a broken nose. He reported trauma to his nose while at work with mild heme at the time. There was no bleeding and he had pain to the left side of his nose and teeth. There was no prior history of trauma. The claimant complained of nasal obstruction and no relief with OTC meds. On physical examination of the nose/sinuses, there was no polyps, no purulent drainage, and no rhinorrhea. Septal deviation: Anterior (left, no septal hematoma but deflection against inferior turbinate, 90% obstruction). Review of computed tomography, no gross displaced fractures were noted. Plan: Schedule for septoplasty. No deviation of nasal bones. Need to see dentist to address upper incisors.

On July 9, 2014, UR. Rationale for Denial: Regarding the request for septoplasty, CPT 30520, according to Official disability Guidelines, although the patient complained of pain to the left side of his nose and teeth, the guidelines state that even with the patient's deflection against the inferior turbinate, this supports but may not prove septal cause. It was further noted that nasal polyps and tumors have been ruled out per physical examination. However, a thorough rationale for why the patient is presenting for surgical repair of his septum (when there was no documentation of the patient having any other than pain to the left side of his nose) there was no indication that the patient was having difficulty breathing, had an acute onset of snoring, or mouth breathing or even sleep apnea. Therefore, without having a more thorough overview of the patient's symptoms related to his recent trauma to the nose, the requested procedure is not considered medically necessary at this time. Furthermore, without having official diagnostic imaging provided for review, the extent of the patient's injuries cannot be fully reviewed.

On July 21, 2014, the claimant presented with complaints of tenderness over his nose and antrum with associated pain in the teeth on palpation. He also reports "shortness of breath" but further questioning reveals that he has a difficult time breathing through his nares because of the injury. He denied any recent epistaxes or other issues. He did report occasional headaches and denied dizziness, weakness, chest pain, shortness of breath or any other difficulties chewing, swallowing or any other issues. On physical examination, there was some mild tenderness over the exterior nose antrum. No rhinorrhea or epistaxis noted. Turbinates were nonerythematous and nonedematous. There was some palpable tenderness to the bilateral maxillary sinuses, none to the frontal. Assessment: Facial bone fracture. Plan: Refer back to reschedule the planned surgery.

On August 25, 2014, UR. Rationale for Denial: The Official Disability Guidelines recommend septoplasty to correct anatomic deformity or deviation of the nasal septum, and it may be performed in response to an injury. The guidelines have set forth the criteria for septoplasty and are to include for the history, there must be at least 1 requirement from the criteria to be fulfilled and is noted to include: Nasal airway obstruction or difficult nasal breathing causing any of the following conditions of mouth breathing, snoring, sleep apnea, or recurrent sinus infections, frequent nosebleeds, atypical facial pain of nasal origin, along with a positive response to topical anesthetics, and asymptomatic deformity that prevents surgical access to other intranasal areas. The guidelines also state that in the criteria for septoplasty, the physical exam should include a description of complete anterior and posterior nasal exams, absence of nasal polyps with tumors and turbinate hypertrophy or other causes of obstruction unless their removal is part of a proposed surgery, identification of known or suspected bleeding site if the purpose of surgery is to control epistaxis, identification of sinus that is recurrently infected if the purpose of surgery is to control disease. Within the submitted documentations, the assessment did not include any of the criteria for the history set forth by the guidelines for a medical necessity of septoplasty

along with no documentation in the physical exam that fulfills the criteria for septoplasty set forth by the guidelines. Without further documentation of the aforementioned conditions that were lacking in the submitted medical records, the request at this time cannot be supported by the guidelines.

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

The previous adverse determinations are overturned. On July 1, 2014 "Claimant complained of nasal obstruction and no relief with OTC meds." Further documentation on examination showed clinically significant nasal septal deviation. On July 21, 2014: History includes "difficult time breathing through his nares because of the injury".

AAOHNS guideline review:

- (1) (a) This is an "or" statement indicating one or the other must be present to meet the requirement. The patient must have "nasal airway obstruction" or "difficult nasal breathing causing any of the following:..."

Opinion: The requirement for nasal airway obstruction was met and fulfilled the requirements of (1)(a). In addition, nasal obstruction indicates an inability to breathe through the nose. If he was unable to breathe through his nose, he must be breathing through his mouth. The required additional symptoms are for "difficult nasal breathing" and not for nasal airway obstruction. Furthermore, it is my opinion that the requirement for appropriate physical examination findings was met. Therefore, the request for OP Septoplasty 30520 is medically necessary.

PER ODG:

Septoplasty

Recommended to correct anatomic deformity or deviation of the nasal septum, and it may be performed in response to an injury (nasal trauma). Nasal septoplasty is a procedure to correct anatomic deformity or deviation of the nasal septum. Its purpose is to restore the structure facilitating proper nasal function. Cosmetic enhancement, if any, is incidental. Because the septum is deviated in most adults, the potential exists for overutilization of septoplasty in asymptomatic individuals. The primary indication for surgical treatment of a deviated septum is nasal airway obstruction. Corrective surgery also is done to treat recurrent epistaxis associated with the septal deviation or sinusitis in which the deviation has a contributory role, and, occasionally, is necessary to gain access to another region such as the sphenoid, sella turcica or pituitary gland. In addition, septoplasty may be performed in response to an injury (nasal trauma), or in conjunction with cleft palate repair. ([AAOHNS, 2011](#))

Criteria for Septoplasty:

(1) History - one or more required:

(a) Nasal airway obstruction or difficult nasal breathing causing any of the following: mouth breathing, snoring, sleep apnea or recurrent sinus infections (may be caused by nasal trauma);

(b) Frequent nosebleeds;

(c) Atypical facial pain of nasal origin; positive response to topical anesthetic, where deformed septum contacts a turbinate, supports but may not prove septal cause;

(d) Asymptomatic deformity that prevents surgical access to other intranasal areas, i.e., ethmoidectomy.

(2) Physical Examination - all appropriate findings required:

(a) Description of complete anterior and posterior nasal exam;

(b) Document absence of nasal polyps, tumors, turbinate hypertrophy or other causes of obstruction unless their removal is part of the proposed surgery;

(c) Identification of known or suspected bleeding site if the purpose of surgery is to control epistaxis;

(d) Identification of sinus that is recurrently infected if the purpose of surgery is to control disease;

(d) Description of nasopharynx, oropharynx, hypopharynx and larynx if purpose of surgery is to prevent sleep apnea or snoring.

(3) Objective testing (e.g., CT scan) is optional in assessing the need for septoplasty. ([AAOHNS, 2011](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

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)**