



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 1/26/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of OP excision and local flap closure of 4cm x 2cm equaling 8cm.

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 Internal Medicine.

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 OP excision and local flap closure of 4cm x 2cm equaling 8cm.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who suffered a patellar fracture, dislocations of both shoulders, and dorsal nasal laceration during a work injury on xx/xx/xx. The laceration measured 4 cm in length and spanned from the upper and the lower lateral cartilage, including an exposed septum. Closure of the laceration was performed in an emergency room on that date. The claimant's plastic surgeon documented on 12/8/14 that he has a painful contracted and retracted 4 cm nasal scar on the dorsum which is adhered to the nasal bones and upper lateral cartilage. He stated that he does not feel corticosteroid injections are appropriate due to a risk of thinning of the epidermis and opening of the wound. He also documented that scar massage and silicone tape had been used but both have been unsuccessful due to a 1 mm step-off between the skin edges due to poor

closure in the emergency room and adhesions of the scar deep to the nasal bones. Scar revision is requested.

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

The claimant's plastic surgeon has documented nicely that the scar is painful, contracted, and retracted. He has also documented that corticosteroid injections would not be appropriate due to a significant risk of this causing thinning of the epidermis and opening of the scar. The provider has also documented that appropriate conservative measures including scar massage and silicone tape have been ineffective, largely due to there being a significant step-off between the skin edges related to poor initial closure and deep adhesions of the scar to the nasal bones and cartilage. There is no other viable treatment for the claimant's scar at this point. In summary, outpatient excision with local flap closure is medically necessary.

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)

Harrison's Principles of Internal Medicine, 18th edition