

Medical Assessments, Inc.

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

30140 Submucous Reset Turbinate Part/omplt, 30520 Septoplasty or Submucous Resection

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

The Reviewer is Board Certified in the area of 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 was injured on xx/xx/xx when the claimant tried to block an aggressive patient from leaving through a door. The claimant was punched in the left eye and the left cheek. The claimant was diagnosed with a nasal fracture (closed) and hypertrophy of nasal turbinates.

02/13/2015: Office visit. **HPI:** Claimant was seen with injury to the left eye from a punch. Claimant had swelling to the left side of face, along with neck pain and pain to the lower back. Claimant was seen in the ER and released with pain meds. He was having a lot of pain in left eye. Also had blurred vision, pain in eyeball, pain inside of eye with movement of eye. No loss of vision. **Plan:** Orbital CT Scan W/O contrast, CT Scan W/O contrast.

02/13/2015: CT Maxillofaial-Facial Bones W/O Contrast. **Impression:** 1. Nondisplaced left nasal bone fracture. 2. Focal area of dehiscence of the medial left orbital wall (lamina papricia). The CT appearance suggests that this is not an

acute abnormality and could be related to previous old trauma or it could be congenital in nature. 3. No evidence for infraorbital soft tissue injury.

02/14/2015: Office Visit. Patient was seen for follow up. Pain scale 8. **Plan:** Ordered CT scan.

02/14/2015: CT of the head W/O contrast, CT C-Spine WO Contrast.
Impression: Normal non-contrast T head for age. Negative CT of the cervical spine.

02/15/2015: Office Visit. **PE:** Minimal edema left lower eyelid. Bruising under left eyelid. Tenderness on the left paranasal sinuses. Tender to palpation on the left. The mandible showed no abnormalities. There was swelling, diffuse tenderness and ecchymosis, but no step-off displacement of the left periorbital rim. There was tenderness, but no swelling of the left maxilla. No swelling to the left mandible. No swelling and no tenderness of the left temporomandibular joint. Eyes: left hyperemia and watery discharge on the left. **Plan:** Otolaryngology referral.

02/18/2015: Office Visit. Claimant was seen for F/U to left eye injury. Reported he still has some swelling in eye, blurred vision and some twitching in eye. Still has sharp pain when he looks to the left and down. Pain level 7/10. **PE:** Left pupil remains more dilated than right but try to close when light shined so reactive. Pain with lateral and downward gaze. Blurry vision in left eye. **Plan:** Light duty. Eye patch if helps to minimize pain from glare.

03/03/2015: Office Visit. Claimant was seen for follow up. Claimant reported seeing a white spot. There was tenderness but no swelling and no step off on the left zygoma. No swelling or tenderness of the left maxilla. No swelling or the left mandible. No swelling and no tenderness of the left temporomandibular joint. **Plan:** Ibuprofen for pain and swelling.

03/11/2015: Office Visit. Claimant was seen for a transition into care from another physician. **Nasal fracture:** Symptoms include nasal airway obstruction, nasal congestion (right nostril) and nasal congestion (left nostril) while symptoms do not include epistaxis. The patient describes this as mild. On nose and sinuses examination, there was flattened bridge and swelling. It was not bulbous or deformed. There were no nostril discharges on bilaterally. The nasal mucosa was pale and not congested bilaterally. **Medications:** Diovan 80mg, Gabapentin 100mg, Lyrica 25mg, Robaxin 500mg, Tramadol 50mg. **Procedures:** Nasal endoscopy. The septum midline was without lesions, masses or perforations. The inferior turbinate was moist and pink. The middle turbinate and middle meatus were clear. The sphenoidal and frontal recesses were clear. There were no masses or lesions. The nasopharynx was clear with normal palatal mobility. The findings were deviated nasal septum and inferior turbinate reduction. **Plan:** Hypertrophy of nasal turbinates.

Addendum Notes: In response to the patient's denial for septoplasty CPT code 30520 along with turbinate reduction 30140-50, I offer this clarification to the patient's medical record. Since the trauma/assault to the patient's nose, the patient has reported to me and verified that he has had increasing trouble breathing through his nose along with increased snoring and mouth breathing and difficulty in achieving restful sleep due to chronic nasal congestion. Patient was seen in the office on 3/13/2015 and underwent a comprehensive PE including nasal endoscopy. However, the findings and nasal endoscopy are incorrect and indicate that he does not have a deviated septum or turbinate hypertrophy. While the physical exam does support significant greater than 80% reduction in the nasal opening on the left side. In addition, the patient is also noted to have inferior turbinate hyperplasia as a result of the significant trauma he sustained to his nose that has not responded to medical management. These required surgical intervention and I request an expedited approval to proceed with planned surgical intervention consist of septoplasty and turbinate reduction.

03/20/2015: Evaluation. **Findings:** Nerve: No disc edema. No disc pallor. Vitreous: Clear. Retinal Vessels: Normal Caliber. Macula: No edema. No Hemorrhage. Periphery: Few pars plana cysts inferiorly from 5-7;00. No holes or tears. Macula: No edema. No hemorrhage. Periphery: few pars plana cysts inferiorly from 5-7:00, most prominent at 5:30. Small pigment spot at 11:00. No holes or tears.

03/28/2015: Office Visit. Claimant was seen for follow up. Claimant states still having extreme headaches, pain level 10/10. Has extreme light sensitivity when headaches occur. Eye will get watery and swollen. Feels heat behind eyelid. **PE: Head/Face:** Swollen area measuring was observed. There was swelling of the left mandible. There was no swelling and no tenderness of the left temporomandibular joint. No sinus ttp. Eyes: increased tearing on the left. Pupils are equal, round and reactive to light and cornea clear. Less sensitivity to light today. **Plan:** Start Acetaminophen-Codeine 300mg. **Notes:** Claimant has d/c d Lyrica and has been prescribed Nortriptyline 10mg by another provider.

04/16/2015: Office Visit. Claimant was seen with possible allergic reaction to Tylenol 3. Claimant states swollen left eye after taking it and red rash on left forearm. **Plan:** Stop Tylenol-Codeine.

04/24/2015: Office Visit. **HPI:** Claimant was seen for f/u. Claimant is improving a little. Claimant saw ophthalmology and retinal tear getting smaller. He still sometimes had headaches but eye swelling down. Started new eye drops from ophtho. Rash improving. **PE:** Head and face: Tenderness was noted. Lacrimal bone on left. The left submandibular gland was swollen and was tender, but no erythema of the overlying skin. No watery discharge and no purulent discharge. **Plan:** Stop Nortriptyline 10mg. Improving, but slowly.

03/26/2015: UR. Rationale for denial: The claimant is a male who sustained an injury on xx/xx/xx. The patient was hit in the nose. Based on the prevailing

guidelines, the ODG requires specific clinical evidence of nasal airway congestion and obstruction prior to approval of septoplasty. Therefore, the request for septoplasty and turbinate resection is neither medically necessary nor appropriate.

04/02/2015: UR. Rationale for Denial: The claimant is a male who sustained an injury on xx/xx/xx. The patient tried to block the aggressive client from leaving through the door and the client punched the patient in the left eye and the left cheek. According to ODG guidelines, the requirements include specific clinical nasal airway congestion and obstruction prior to septoplasty. There is no indication of nasal airway obstruction. There is finding of deviation of the nasal septum to the right and hypertrophy of both right and left inferior turbinates. A nasal endoscopy shows findings of septum midline without lesions, masses or perforations, but no indication of hypertrophic turbinates. Therefore, the request for septoplasty and turbinate resection procedure is neither medically necessary nor appropriate.

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

The previous adverse determinations are overturned. The fundamental problem with this case is the disparity of findings in the office visit of March 11, 2015. Initially, there is documented to be a midline nasal septum and normal appearing inferior turbinates. In the subsequent addendum to the office visit of March 11, 2015 the physician documents clinically significant anatomic abnormalities contributing to nasal airway obstruction with greater than 80% nasal airway occlusion as well as inferior turbinate hypertrophy. He further documents symptoms of nasal airway obstruction which have remained unresponsive to medical therapy. The addendum in the medical records does not provide the reason for the disparity with the original entry. Usually, addendums to the record provide additional information; however, in this case the addendum directly contradicts findings documented in the record. Assuming that the subsequent addendum accurately reflects patient's symptoms and physical findings, then the septoplasty and inferior turbinoplasty medically indicated and appropriate procedures. Therefore, the request for 30140 Submucous Resect Turbinate Part/omplt, 30520 Septoplasty or Submucous Resection is certified.

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)**