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An Independent Review Organization

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX

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

REVIEW OUTCOME:

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

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an XX claim dated XXXX. The mechanism of injury was described as a XXXX. The current related diagnosis was detailed as XX XX XX XX XX or XX. An office visit note dated XXXX notes the patient presented with XX XX XX. Physical examination revealed XX XX XX in both the XX and XX positions. The plan at that time was to proceed with XX XX XX repair. Physical examination findings dated XXXX revealed XX XX XX. Physical examination findings dated XXXX revealed a small XX XX XX. The original request was noncertified on XXXX as there were no physical exam findings or diagnostic imaging provided to support XX XX XX. Additional documentation in the form of an addendum which documented clinical exam findings supporting XX XX XX with submitted to support the request however the previous non-certification was supported. On XXXX the request was appealed however non--certification was held due to clinical exam findings made available for review which stated XX XX XX were present and reducible but there was no mention of the testing being performed in a XX and XX position. On XXXX reconsideration of the medical determination was again held stating the proposed treatment did not meet medical necessity guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS,

FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

In regard to the requested XX XX XX repair with XX XX, be available documentation indicated the pain had complaints of a XX. The request for XX XX was previously denied due to lack of documentation of XX presence in both XX and XX position. Additional documentation was subsequently submitted dated XXXX which noted the presence of XX XX XX in both the standing and XX positions. Guideline indications for XX XX repair includes XX XX during physical examination with the patient in both the XX and XX positions. Per guidelines: most patients with a painless XX develop symptoms over time, so surgical repair is recommended medically for patients with a XX XX.

As such, the requested surgery is medically necessary and overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, XX Chapter, Surgery.