

P-IRO Inc

Notice of Independent Review Decision

P-IRO Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #203

Mansfield, TX 76063

Phone: (817) 779-3287

Fax: (888) 350-0169

Email: @p-iro.com

Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #:X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

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

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 |

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X when X sustained electrical burns. The exact biomechanics of injury were not documented. The diagnosis was hypertrophic burn scar, keloid scar, folliculitis barbae traumatic, and other specified disease of hair and hair follicles.

An X Clinic Note by X MD / X MD, dated X, was documented. X was seen for the chief complaint of burn injury dated X. The percent body surface area involved was 26%. The mechanism of burn injury was electrical shocks. X had undergone graft on "TE" with STAG (allograft) to face, neck, and bilateral upper extremities; scar removal to neck 5 or 6 times; and auto skin graft to stomach in X or X. X was being seen by X in X, TX since the injury. X presented to the clinic for foul smelling discharge to the neck, tightness in the neck that had worsened in the past 6 months, especially in the previous month. X had white discharge, which he had a while ago and took antibiotics for. X had previous drained abscesses in that area. At the time, X endorsed warmth to touch on the right neck, increased redness, and pain in the right neck.

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Associated symptoms included occasional pruritus, occasional insomnia when X rolled on the side, and pain in the neck. X had completed physical therapy and occupational therapy. Skin examination showed closed burn wounds to the face, bilateral upper extremities, and abdomen. There were hypertrophic scars on the right upper extremity, left upper extremity, and abdomen. It was assessed that X presented with 26% TBSA burn wound from electrical burn. X had repeated pustule collections in the jaw line. The plan was for surgery to evaluate. X was advised to take X as needed, apply lotion to dry skin for the pruritus, apply lotion to healed areas daily, avoid bumping wounds, avoid harsh chemicals, avoid sun exposure, use SPF 30 or greater sun screen, keep burned skin areas covered with clothing, and consider scar excision versus hair removal per surgical team. X, PA-C evaluated X on X when X presented for follow-up of burn to the face from X. X was with a history of 26% total body surface area (TBSA) electrical flash burns from X. X was initially seen at X; had split-thickness grafting (STG) to the face, neck, and bilateral upper extremities; was discharged home to follow up closer to home (X); and had not returned to X. X stated X was having reconstructive procedures to the neck and chin, but provider had since retired. At the time, X presented asking for evaluation of recurring pustules to the neck and chin, and also reported having a lot of sensitivity to the healed areas. On examination, the skin revealed multiple areas of hypertrophic scarring. Hypertrophic scar was noted along the jawline with patches of alopecia and embedded hair. There was a small cleft to the right side of the jaw. The assessment was hypertrophic scar to the jaw. X was seen with X, different procedures were discussed, laser treatments to the face were recommended. The diagnosis was hypertrophic burn scar, keloid scar, folliculitis barbae traumatica, and other specified disease of hair and hair follicles.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The Official Disability Guidelines X is recommended when there is documented evidence of significant physical functional impairment related to the scar and the treatment can be reasonably expected to improve the physical functional impairment and when there is significant variation from normal related to accidental injury, disease, trauma, or treatment of a disease or congenital defect. In this case, the claimant is presenting with burn scars on their face, neck, and chest. However, there was no physical examination or objective findings were submitted for review to warrant the medical necessity of this request. Therefore, the medical necessity has not been established. As such, the request for X. Recommended for non-certification."

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD, who upheld the original noncertification determination for the following reasons: "Regarding X, the ODG does not address this request. UpToDate literature for pseudo-folliculitis barbae states that claimants who X may benefit from X. X works through X. Multiple treatment sessions are usually required to achieve a major reduction in X because only a minority of X. Since melanin is the follicular component targeted by X, claimants with darkly pigmented hairs are the best candidates for this procedure. The treatment is poorly effective for white or gray hairs. In this case, given the limited evidence of physical findings consistent with folliculitis barbae in the X and without documentation of failure to respond to first-line interventions, the medical necessity of X is not established. Non-certification is recommended."

A letter of medical necessity for X for X, was documented on X, by X, MSN, MBA/HC, RN, NPD-BC, Sr. Clinical Program Coordinator for UT Southwestern Medical Center. X was tentatively scheduled for the initial office procedure treatment on X, pending Workers' Compensation authorization approval. X further wrote, that X had sustained 26% total body surface area burns from an electrical shock injury to X face, neck, and bilateral upper extremities on X. As a result of the injury and skin grafting, X developed hypertrophic scarring, as well as hair ingrowth and folliculitis requiring subsequent scar excisions. X continued to suffer with folliculitis requiring additional antibiotic therapy due to significant infections. X was being treated for hypertrophic burn scars and folliculitis that were a sequela of X burns. The X is a vague code for a variety of scar issues; however, this code best described the condition of X burn scars.

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X diagnosis also fell under the code X because of the damaged dermis, the blood vessels and capillaries have abnormal growth with increased amount of deposition of fibrous tissue. Treating burn scars with X was not for cosmetic reasons, but rather so X could regain satisfactory function and to avoid additional invasive surgeries and short term treatment with antibiotics. X was medically necessary and was the standard of care for burn hypertrophic scars. A major benefit to both X and the payer was that multiple, minimally invasive laser sessions may decrease or prevent the need for more complex and more invasive surgical procedures, decreasing patient risk, reducing overall cost, and potentially achieving outcomes not previously possible.

Patient's history is well established. X symptoms are recurrent skin infections from ingrown hair in the burn scar on the face and scar contracture.

Treatment aim is reconstructive and not cosmetic. Options would be to either replace the skin with non hair bearing skin versus removing the hair in the present skin permanently. Given the hypertrophic scar, the scenario is challenging. However, comparing risk- benefit ratio, X is beneficial over skin replacement or repeat antibiotic and debridement with the risk of antibiotic resistance development. X is medically necessary and certified

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

Treatment aim is reconstructive and not cosmetic. Options would be to either replace the skin with non hair bearing skin versus removing the hair in the present skin permanently. Given the hypertrophic scar, the scenario is challenging. However, comparing risk- benefit ratio, X is beneficial over skin replacement or repeat antibiotic and debridement with the risk of antibiotic resistance development. X is medically necessary and certified

Overtured

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

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE