



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 2-23-12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Hydrocelectomy and Orchiectomy between 1/6/12 and 3/6/12

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

American Board of 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 3-9-11 MD., performed a Doctor Selected by Treating Doctor Evaluation.
- 3-31-11 Surgery performed by Dr.
- 11-9-11 MD., office visit.
- 11-21-11 MD., performed a UR.
- 1-13-12 MD., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

3-9-11 MD., performed a Doctor Selected by Treating Doctor Evaluation. He certified the claimant had reached MMI on 8-1-10 and awarded the claimant 8% impairment rating based on 5% for nerve dysfunction of the ilioinguinal nerve and 3% for iliohypogastric nerve dysfunction.

3-31-11 Surgery performed by Dr.: Left hydrocelectomy. Postop diagnosis: Large left hydrocele.

11-9-11, MD., the claimant is a male who is seen for followup of testis pain. The claimant had no improvement post hydrocelectomy and mos recently no response from pain management. He is interested in left orchiectomy. He first noticed the pain three years ago. His pain is sharp. He does not have burning or discomfort when he urinates. He does not have pain with bowel movement. His medications include Lortab,

Gabapentin, Medrol. On exam, his left testis is swollen. There is no enlargement. There is no swelling or enlargement of the right testis. A scrotal ultrasound showed no testes mass/calcifications. Right 3 x 5 x 2.9 cm, left 3.7 x 3.0 cm left hydrocele 6.0 x 3 cm. Assessment: Epididymitis orchitis, hydrocele, orchalgia. Plan: Soma, left hydrocelectomy and orchiectomy.

11-21-11, MD., performed a UR. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request for one left hydrocelectomy and orchiectomy is non certified. As per report dated 11/09/11, the patient complains of pain in the testis. It was stated that there was no improvement post hydrocelectomy and most recently, no response from pain management. On physical examination, there is normal location of a tender and swollen left testis, but with no enlargement. There is no tenderness, no swelling and no enlargement of the right testis. No other findings, such as mass, cysts, varicoceles or hydroceles for both right and left testis. This is a request for left hydrocelectomy and orchiectomy. The radiologist analysis of the scrotal ultrasound done was not provided for review. Moreover, other than the swelling and tenderness of the left testis, the current physical examination findings do not demonstrate the presence of hydrocele. As such, the medical necessity of the proposed surgeries has not been established.

1-13-12 MD., performed a Utilization Review. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request for appeal request for 1 Left Hydrocelectomy and Orchiectomy is not certified. The patient is noted to have sustained a lifting injury resulting in left inguinal hernia and abdominal strain. The patient underwent surgical repair of hernia on 11/07/2008. He subsequently had left hydrocelectomy performed 03/31/2011. The patient was seen in follow-up on 11/09/11 for testis pain. It was noted that the patient had no improvement post hydrocelectomy, and most recently no response from pain management. Walking, lifting and twisting make the pain worse. The patient is interested in left orchiectomy. Physical examination reported tender left testis, swollen. There was no enlargement of left testis; normal location; no mass, no cyst, no varicocele, no hydrocele. Scrotal ultrasound reportedly showed no testes mass/calcifications; right = 3.5 x 2.9cm; left = 3.7 x 3.0cm; left hydrocele = 6.0 x 3.0cm. However, no imaging study report was submitted for review. there is no detailed history of "pain management." Given the current clinical data, medical necessity is not established. He spoke with Keri, the physician's assistant in Dr. office. The patient had left Inguinal hernia repaired several years ago and has had persistent left groin pain. Exploration and hydrocelectomy was done in March of this year. Postoperatively. The patient has been uncomplicated with the exception of continued pain. The patient continues to have significant pain. Examination reveals no recurrence of the hernia. Ultrasound shows normal testicles. There is no sign of infection or other problem. He has not had evaluation for nerve blocks, ilioinguinal nerve entrapment or nerve ablation. Since the orchiectomy is basically being done for pain, this is not medically recommended at this time since nerve entrapment syndromes and noninvasive management of such problems has not been addressed fully.

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

The claimant developed a hydrocele, epididymitis and orchalgia following an inguinal hernia repair. Physical exam on 3/9/11 noted that the left testicle was five times larger than the right testicle. An office visit note dated 11/9/11 by Dr., urologist, noted that the left testicle was tender and swollen. An ultrasound exam showed a left hydrocele of 6 cm by 3 cm. Pain management had included Gabapentin, Lortab and Medrol with little effect. Of note, the claimant had been on multiple courses of antibiotics in the past for the epididymitis.

According to the following sources, surgical management of a hydrocele is indicated when it is causing pain or discomfort.

<http://emedicine.medscape.com/article/438724-overview#a03>
<http://bestpractice.bmj.com/best-practice/monograph/1104/treatment/step-by-step.html>

In the following study hydrocelectomy improved work capacity:

<http://www.mendeley.com/research/consequences-hydrocele-benefits-hydrocelectomy-qualitative-study-lymphatic-filariasis-endemic-communities-coast-ghana/>

Based on these references, hydrocelectomy and orchiectomy is an appropriate course of management in this claimant. Therefore, hydrocelectomy and orchiectomy are medically necessary.

Per MDA: Active treatment of a hydrocele is usually not necessary unless it is firm and potentially compromising to the circulation to the testis. Treatment is also warranted for a hydrocele that is unsightly or uncomfortable.

One treatment option includes removing fluid from the hydrocele with a needle (aspiration), followed by injection of a thickening or hardening (sclerosing) medication to close off (obliterate) the opening through which fluid accumulates (sclerotherapy). This treatment was done in the past but is rarely performed today.

The most common surgical procedure used to treat hydrocele is removal of the sheath of tissue surrounding the hydrocele (hydrocelectomy). This procedure is performed either under general or spinal anesthesia. A drainage tube is usually inserted into the scrotum during the surgery and kept in place for several days.

Orchiectomy is the surgical removal of one or both testicles. The procedure may be indicated secondary to cancer of the testicle, injury (twisting or torsion of the testicle), or by developmental problems such as an undescended testicle

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):

<http://emedicine.medscape.com/article/438724-overview#a03>

<http://bestpractice.bmj.com/best-practice/monograph/1104/treatment/step-by-step.html>

<http://www.mendeley.com/research/consequences-hydrocele-benefits-hydrocelectomy-qualitative-study-lymphatic-filariasis-endemic-communities-coast-ghana/>