Vertigo: Labyrinthitis (386.30), Positional Vertigo (386.11), Vestibular Neuronitis (386.12)

### Criteria

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<td>2) Vestibular Neuronitis, resolved &gt; 6 mos., asymptomatic.</td>
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<td>2) Vestibular Neuronitis, &lt; 6 mos. post.</td>
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<td>3) Positional Vertigo resolved &gt; 6 mos., asymptomatic.</td>
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<td>3) Positional Vertigo, &lt; 6 mos. post.</td>
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<td>4) Purulent Labyrinthitis resolved &gt; 1 yr., asymptomatic.</td>
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<td>4) Surgery for Labyrinthitis &lt; 6 mos. post.</td>
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### Action

- **Clear**
- **Clear with restrictions**
- **Defer**
- **MNQ**

### Restrictions/Defer

- Until:
  - 1) Resolved 1 yr., hearing stable.
  - 2&3) Resolved 6 mos. and hearing stable.
  - 4) Period > 6 mos. post.

### Rationale

Vestibular Neuronitis and Positional Vertigo are both recurring conditions, no known treatment, that subsides on its own. Neither cause hearing loss. Frequently associated with viral conditions and influenza.

### Medical Information Needed:

- Generic information
- ENT evaluation if purulent labyrinthitis, within 2 yrs.

Ear, Nose & Throat

ENT-9

5/4/93
**RATIONAL**

**MEDICAL INFORMATION NEEDED:**
- Generic information
- ENT evaluation, if frequent or severe symptoms.

**5/4/93**

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**Ear, Nose & Throat**

**ENT- 10**
FRACTURE OF THE NOSE (802)

CRITERIA  →  Healing > 6 wks., no complications.  →  N/A  →  Episode < 6 wks. ago.  →  N/A

ACTION  →  CLEAR  →  CLEAR WITH RESTRICTIONS

RESTRICTIONS/DEFER  →  UNTIL: DEFER

UNTIL: Until healed > 6 wks.; no complications.

RATIONALE

MEDICAL INFORMATION NEEDED:  Generic information

Ear, Nose & Throat  ENT-11
<table>
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<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>RATIONALE</th>
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<tr>
<td>1) Nasal Polypectomy &gt; 6 wks.</td>
<td>CLEAR</td>
<td>Nasal polyps current, surgery recommended.</td>
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<tr>
<td>2) Minimally, symptomatic polyps, surgery not recommended.</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>Nasal Polypectomy &lt; 6 wks.</td>
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<tr>
<td>3) Nasal polyps resolved with Corticosteroids.</td>
<td>DEFER</td>
<td>Recurrent or severe polyps, symptomatic (obstruct airways).</td>
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</tbody>
</table>

**RESTRICTIONS/DEFER**
- 1) Resolved.
- 2) Post surgery > 6 wks.
- 3) Post surgery > 3 mos.

**RATIONAL**
- Generic information.
- ENT evaluation if current polyps.

MEDICAL INFORMATION NEEDED: Ear, Nose & Throat

ENT-12

5/4/93
CRITERIA
→ 1) Acute Sinusitis resolved
→ 2) Seasonally acute Sinusitis, uncomplicated.
→ 3) Post Sinusotomy and/or Ethmoidectomy, 6 mos.

ACTION
CLEAR

CLEAR WITH RESTRICTIONS
Restrict EE/CIS

RESTRICTIONS/DEFER

UNTIL:
1) Resolved, allergies diagnosed, or treated with appropriate meds.
2) Post surgery 6 mos.

RATIONALE
Chronic Sinusitis can be caused by viral, bacterial or fungi infections or allergic reactions.

MEDICAL INFORMATION NEEDED:
Generic information.
MD report and allergy evaluation, if necessary.

5/4/93
CRITERIA → Past history resolved/treated.

ACTION → CLEAR

RESTRICTIONS/DEFER → CLEAR WITH RESTRICTIONS UNTIL:

RATIONALE Very rare condition.

MEDICAL INFORMATION NEEDED: Generic information.

MD report.
LEUKOPLAKIA (528.6) / ERYTHROPLASIA (528.7)
MALIGNANCIES OF THE MOUTH (145)

CRITERIA → N/A → Past history > 1 yr ago, Leukoplakia/Erythroplasia benign, treated, no smoking or chewing tobacco, no alcohol.

ACTION → CLEAR

CLEAR WITH RESTRICTIONS

RESTRICTIONS/DEFER

BCE ENT/Oral Surgeon for F/U every year.

RATIONALE

Occurrence of < 5% of Leukoplakia is cancerous.

Erythroplasia are early carcinomas.

UNTIL:

1) Treated, biopsy done if necessary and negative, stopped tobacco in any form and alcohol for 1 yr.

2) Post treatment 5 yrs., no recurrence.

Tobacco, chewed or smoked, is a risk factor for oral cancer.

Alcohol is associated with oral cancer (possibly because it dehydrates the mucus membrane).

MEDICAL INFORMATION NEEDED:

Generic Information

ENT/Oral Surgeon evaluation.

Biopsy & path results, if performed.

Ear, Nose & Throat

ENT-15

5/4/93
NODULES OF THE VOCAL CORDS (478.5), EXCISION OF (30.09)

CRITERIA

1) Resolved surgically, 2 mos. post op.
2) Resolved, voice therapy completed.
3) Current, controlled by limiting voice abuse.

ACTION
CLEAR
CLEAR WITH RESTRICTIONS
DEFER
MNQ

RESTRICTIONS/DEFER

UNTIL:
1) Voice therapy complete.
2) Post surgery, 2 mos.
3) Surgery completed, 2 months stable.

RATIONALE
99% of nodules of the vocal cords are benign, require ENT evaluation to R/O malignancy.

MEDICAL INFORMATION NEEDED:
Generic information
ENT evaluation if within 2 yrs., need for surgery in next 3 yrs.
SIALOLITHIASIS (527.5), SIALOSIS (527.8), SIALOADENECTOMY (26.30)

CRITERIA
→ Sialolithiasis resolved surgically or spontaneously, 1 mo.

ACTION
CLEAR

RESTRICTIONS/DEFER
CLEAR WITH RESTRICTIONS

RA TONALE
Sialolithiasis: stones in the salivary glands.
Surgical treatment: removal of the salivary gland.

MEDICAL INFORMATION NEEDED:
Generic information

Ear, Nose & Throat

5/4/93
CRITERIA

1) Tonsillectomy > 6 wks. ago.
2) Acute Tonsillitis resolved > 2 wks.
3) Recurrent Tonsillitis, 6 mos. since last episode.

ACTION

CLEAR
CLEAR WITH RESTRICTIONS
DEFER

RESTRICTIONS/DEFER

UNTIL:
1) Six wks. post surgery.
2) Treated and resolved 2 wks.
3) Treated and 6 mos. since last episode.

RATIONALE

MEDICAL INFORMATION NEEDED:
Generic information.
ENT evaluation if recurrent tonsillitis within 2 yrs.

5/4/93
ADDENDUM

EARS, NOSE, AND THROAT

Hearing Deficit: Hearing Aid is recommended at 30 decibels.

Mastoiditis: is a rare condition today because of improved treatment of Otitis with antibiotics. Six months post resolution of symptoms is adequate time to identify those individuals who relapse.

Otitis Media, Acute, Chronic/Perforated

Tympanic Membrane: Post Tympanoplasty requires 3 months healing time to assess the acceptance of the graft. Occasionally, grafts are rejected. Repeat surgery is often done and is sometimes successful the second time. Uncorrected perforated tympanic membrane is at risk for repeated episodes of oitis.

Cholesteatoma: Is a non-malignant cyst-like growth in the inner ear that destroys the inner ear by compression. Some dangerous complications can occur, such as abscesses or meningitis. Surgical excision is the treatment of choice. Three months post surgery, the patients is usually healed. However, cholesteatoma is difficult to remove. Frequently, it has extended into the mastoid. If any parts remain, the growth will return. To insure that all parts have been excised a CT scan is done. Surgical success rates vary from 60-80%.

Tinnitus: Requires thorough work up including MRI and Cochleography to rule out malignancy, unless the tinnitus was caused by medication.

Vertigo: Purulent Labyrinthitis is a serious disease. It requires one year post episode and complete absence of symptoms to indicate total cure. Vestibular Neuronitis or positional Vertigo require 6 months post episode and asymptomatic to be considered cured. Vertigo is sometimes a complication of a simple viral influenza. The vertigo resolves soon after the flu resolves.

Sinusitis: In severe cases, sinusitis is sometimes treated with surgery. The sinuses are opened and scraped, removing the inflamed tissue. Occasionally the sinus is removed. Usually, approximately 6 months post surgery are required for healing and assessment of the treatment.

Tornwaldt's Cyst: A very rare condition, almost never seen.