

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW: April 22, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Overnight inpatient stay after admission for abdominal pain

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

Board-certified 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

- Case Assignment from TDI dates 4/6/07
- case file
- Denial Letters dates 8/18/06 and 3/10/07
- Medical Records from Methodist Hospital from 8/12/06 and 8/13/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant presented to the emergency room with acute onset of severe abdominal pain. Past medical history includes active corticosteroid use and significant, recent alcohol intake. The vital signs were normal. A gallbladder ultrasound was normal. The white blood cell count was 24,400/ml. The claimant was admitted for observation as the source of the pain and leukocytosis was not immediately clear. The next day the pain had not returned and the white blood cell count was normal. The claimant was discharged from the hospital.

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

The diagnosis of abdominal pain can be problematic. When the initial evaluation is non-diagnostic, a reasonable option is to admit the patient for observation and possible further testing. In this way, if the condition worsens, it can be quickly detected and acted upon. The claimant in this case had abdominal pain with no clear cause. The white blood cell count of over 24,000 is concerning, and could be the only indication of a serious intra-abdominal process. The medical literature supports admission and observation for this type of patient.

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)**