

Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Skilled nursing--Change dressing daily and wound care 10/18-10/20; 10/21-10/27, 10/28-11/3, 11/4- 11/10, 11/11 - 11/13.

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/5/07, 10/24/07

Official Disability Guidelines

Office notes, Dr., 06/12/07, 07/24/07, 09/11/07, 09/18/07, 10/02/07 and 10/16/07

Operative report 09/05/07

Certification and Plan of Care 09/15/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old female claimant reportedly underwent a lumbar fusion and developed an incisional post-operative Methacillin – Resistant Staphylococcus Aureus infection which had been treated for one year. The claimant subsequently underwent additional surgery on 09/05/07 for lumbar reconstruction. Operative findings included a superficial infection from skin and subcutaneous tissue down to the level of the fascia. According to the records, the treating physician wanted to keep the incision open so that it could heal from the musculofascial layer up and recommended wound care via home care on a daily basis. On a 10/16/07 physician visit, it was noted that the wound continued to improve by secondary intention.

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

The medical necessity of skilled nursing including changes dressings daily and wound care from 10/19 to 10/20, 10/21 to 10/27, 10/28 to 11/03, 11/04 to 11/10, 11/11 to 11/13 cannot be justified based on the medical records available for my review.

This is a xx-year-old female who underwent on xx/xx/xx examination under anesthesia, pain study, revision of lumbar surgery of the L5-S1 bilaterally with an additional interspace at L4-5 bilateral with revision sacral surgery for sacral interval bilaterally, microdissection, removal of EBI electrode, exploration of arthrodesis and removal of scar tissue. Findings were noted as superficial infection from the skin and subcutaneous tissue down to the level of the fascia, tracing through the EBI transmitter electrode. Postoperatively Methacillin Resistant Staphylococcus Aureus was noted as an offending organism. The last office note on 10/16/07 available for my review demonstrates that the claimant continued to improve with wound care, daily dressing changes and packing down to a 2 millimeter hole, which is roughly 4 to 5 millimeters deep. Oral antibiotics of Bactrim are noted. There are no pain medicine issues documented.

Based on this information I do not think that skilled nursing is necessary. There are no office records by the physician after 10/16/07 to support the need for ongoing home care services. There is no documentation to support that this claimant's dressing could not have been changed by a family member after proper instruction or that the dressing change could not have been performed as an outpatient by the physician's office. In looking over the Milliman Care Guidelines for Home Care there is no documentation to support that the claimant was receiving parenteral antibiotics, had any drainage, had any issues with pain control and the size of the wound was documented to be small. Therefore the records do not support that this claimant required skilled nursing for daily dressing changes and wound care 10/18-10/20; 10/21-10/27, 10/28-11/3, 11/4- 11/10, 11/11 - 11/13.

Milliman Care Guidelines . Inpatient and Surgical Care 11th Edition. Common Complications and Conditions: Wound Complications

Alternatives to inpatient stay extension include:

Home care

- Monitoring of temperature and wound status, including resolution of infection, hematoma, or seroma and status of possible incisional hernia
- Possible parenteral antibiotics

- Oral analgesics
- Drain care

Dressing changes, including possible sterile occlusive dressing and binder for wound dehiscence

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)