

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: **JULY 6, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Level III NICU Care

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

MD, Board Certified in Pediatrics

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

Peer Review Report (5/11/07)
Medical Director Report (5/10/07)
Plan Documentation
Copy of Chart

PATIENT CLINICAL HISTORY [SUMMARY]:

This 2013-gram inform born 32-33 weeks gestation was born. Initial stabilization included intravenous fluids and initiation of oral feeds. Infant was noted to have bloody stools. After appropriate cultures and laboratory work, patient was placed on NPO and antibiotic therapy was started. Chart documentation showed clinical improvement (i.e., soft abdomen and present bowel sounds) with a plan to soon

initiate oral feeds. Oral feeds subsequently were started with an uneventful clinical course.

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

THIS PREMATURE INFANT DEMONSTRATED SOME CONCERNING CLINICAL FINDINGS. THIS WARRANTED LEVEL III NICU CARE. THIS WAS NO LONGER THE CASE; AS THE PATIENT WAS STABLE AND IMPROVING. LEVEL II NICU CARE WAS APPROPRIATE.

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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
 - * JOURNAL OF PEDIATRICS. 2003. APRIL
 - * TEXTBOOK OF PEDIATRICS. BEHRMAN KLIEGMAN, ARRIN
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)