

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: May 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient rehabilitation – 14 days.

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

Board Certified, Physical Medicine and Rehabilitation

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

Medical records from the Carrier include:

- M.D.
- M.D.
- Medical Center, 3/31/07
- M.D., 3/31/07
- M.D. 4/2/07, 4/6/07
- M.D., 4/6/07

- M.D., 4/25/07

Medical records from the Requestor include:

- Center, 3/31/07 through 5/9/07
- M.D., 3/31/07
- M.D. 4/2/07, 4/6/07

PATIENT CLINICAL HISTORY:

The patient is a male, with a work injury that reportedly involved a fall from ten feet. He sustained injuries including a left patellar fracture that required open reduction and internal fixation surgery, nasal septal fracture with a nasal laceration, and cervical central cord syndrome.

An electrodiagnostic study revealed a mild S1 radiculopathy on the right side, along with a low ulnar sensory amplitude on the left which was an incidental finding. There was also mention that additional needle EMG testing of both upper extremities could not be performed due to poor patient tolerance.

The patient had some inpatient rehabilitation after the injury and per team conference summary, bed mobility was a stand by assist, transfer was stand by assist, and ambulation was 300 to 400 feet using a walker and weight bearing as tolerated for the left lower extremity, and a contact guard to stand by assist level, and all ADL's were at a stand by assist level.

The patient was discharged from the hospital on April 6, 2007, and muscle strength was mostly 4-5/5 strength in both lower extremities with range of motion within normal limits bilaterally per physical therapy discharge evaluation.

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

It appears based on the available medical documentation/information that the patient was already functioning at a reasonably high overall functional level upon his discharge from the hospital and without any medical instability issues occurring to justify the need for an inpatient rehabilitation stay for 14 days. There was no documentation of any objective changing or worsening neurological condition occurring, as well as no other structural problems occurring in the joints of both upper and lower extremities, as well as no postoperative complications after the left patellar open reduction and internal fixation surgery. As a result, the requested inpatient rehabilitation treatment times 14 days is not medically reasonable or necessary.

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)
Braddom, *Physical Medicine and Rehabilitation*, 2nd Edition, Chapter 55, spinal cord injury medicine.