



## **IMED, INC.**

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**DATE OF REVIEW:** 12/01/08

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: Fourteen days of inpatient active rehabilitation

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

Board Certified in Physical Medicine & Rehabilitation

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Documentation from Hospital of dated 08/27/08, 10/31/08, 11/01/08, 11/02/08, 11/03/08, 11/04/08
2. Chest x-ray report dated 10/17/08
3. CT scan of the abdomen and pelvis report dated 10/28/08
4. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The records available for review document that the employee was involved in a motor vehicle accident.

The records indicate the employee sustained a severe fracture of the left ankle which necessitated an open reduction/internal fixation procedure, as well as what would appear to be a flap procedure. The employee reportedly also sustained rib fractures on the left side, as well as a pneumothorax on the left side which required placement of a chest tube.

The claimant was subsequently transferred from Hospital to .

The available records indicate that the employee's post injury course was complicated by low grade fevers which appear to be related to a pneumonia. It was documented that an external fixator was placed over the left ankle as well for management of the fracture in the left ankle.

A chest x-ray accomplished on 10/17/08 did not reveal any findings worrisome for a definite infiltrate.

A CT scan of the abdomen and pelvis without contrast accomplished on 10/28/08 revealed no findings worrisome for a fluid collection or pathological lesion.

The records that are available for review with respect to therapy services would indicate that participation in therapy was extremely inconsistent due to the fact that the employee required diagnostic tests at time, and also due to the employee's inability to feel as though he could participate in therapy services.

The records document that the employee was to be non-weight bearing on the left lower extremity.

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

The records do document that the employee sustained a severe injury in the workplace. It would appear that the employee sustained a left ankle fracture which required not only surgical repair but also a flap procedure. It was also documented that the employee sustained a pneumothorax on the left side, as well as multiple rib fractures on the left side. The employee's post injury was also complicated by pneumonia.

For the described medical situation, inpatient rehabilitation is oftentimes considered an appropriate treatment option.

In this particular case, the available records do not support a medical necessity for inpatient rehabilitation. The records do not provide documentation to indicate that there was consistent participation in rehabilitation services, and the submitted documentation does not indicate that there were functional gains established with participation in an inpatient rehabilitation program.

***Official Disability Guidelines*** would support a medical necessity for outpatient therapy services with respect to the left ankle, particularly when there is documentation to indicate that weight bearing capabilities can be increased. While the employee was hospitalized on an inpatient rehabilitation unit, the employee was non-weight bearing on the affected lower extremity.

As a general rule, inpatient rehabilitation is considered a medical necessity when it is documented that at least three hours are provided five days per week. In this particular case, it would not appear that the employee was provided three hours of therapy services at least five days per week while the employee was a patient in an inpatient rehabilitation facility.

As stated above, the documentation available for review does indicate that the employee sustained serious injuries to the physical structure of the body when the employee was involved in a motor vehicle accident. However, for reasons as stated above, the available records do not currently provide sufficient documentation to support a medical necessity for fourteen days of inpatient rehabilitation from the dates from 10/21/08 to 12/05/08.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

1. *Official Disability Guidelines*