



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 01/21/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Wound VAC and supplies for one month

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 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.

Wound VAC and supplies for one month - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A wound therapy progress report dated 10/19/07

A home health wound sheet from an unknown provider (no name or signature was available) dated 11/20/07

An authorization request from dated 11/26/07

A letter of non-certification, according to the ODG, from, M.D. dated 11/30/07

A letter of non-certification, according to the ODG, from M.D. dated 12/13/07

The ODG criteria used was not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 10/19/07, a description of a wound was provided. On 11/20/07, the unknown provider performed wound care. On 11/26/07, Mr. wrote a letter of authorization request for a wound VAC, dressings, and canisters. On 11/30/07, Dr. wrote a letter of non-authorization for the wound VAC and supplies. Dr. also wrote a letter of non-certification for the wound VAC and supplies on 12/13/07.

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

Based upon the minimal records available for review, it appears this patient had, on 10/19/07, a stage IV sacral ulcer. It is not clear how he obtained this ulcer. However, in other documentation, it does state that the patient had a pelvic fracture. I would infer that the patient developed this pressure ulcer while being treated. He was initially injured on xx/xx/xx, based upon previous reviews. He had to undergo a splenectomy on 08/28/07, a tracheostomy placement on 09/06/07, and a left open reduction and internal fixation of unknown body part on 09/12/07. Subsequent to that, he was found to have a stage IV decubitus. His diagnosis was fractures of the ribs, larynx, pelvis, and sternum. During his care, the patient apparently developed a stage IV sacral decubitus ulcer. The patient would not have developed this ulcer if he had not had the original injury. This pressure ulcer develops from lying in one position for a long period of time without moving. People who are active, healthy, and working do not develop such ulcers. The use of a Wound VAC device on a stage IV pressure ulcer is a well documented and researched treatment approach. Negative pressure wound therapy is utilized to maintain a moist healing environment, decrease bacterial bioburden, decompress interstitial spaces, improve vascular perfusion, and enhance wound contraction. It is only utilized over wounds that are clean. It helps remove excessive fluid. It helps with infection control. It helps with decreasing wound care time. A study by E. Joseph of the title *A Prospective Study of the Randomized Trial of Vacuum Assisted Closure vs. Standard Therapy of Chronic Non-Healing Wounds* in the *Wound Journal* 12 (2): pages 60 – 67 is one study that documents how wounds close quicker with the use of a vacuum assisted closure device. The use of this device for a one-month interval is reasonable and related to a complication from the original injury. Reviews from previous physicians state that this is not a standard treatment according to the ODG. The ODG and treatment guidelines do not specifically discuss stage IV

pressure ulcers as a complication from major medical problems. There is no guideline in the ODG related to this. One cannot use treatment guidelines for tissue and subcutaneous disruption or open sores status post surgery, in the definition of how to treat this current wound. Therefore, it was appropriate to deviate from the ODG, as this was a case that was unusual and therefore not covered by the ODG as stated above.

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)

**X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

E. Joseph of the title *A Prospective Study of the Randomized Trial of Vacuum Assisted Closure vs. Standard Therapy of Chronic Non-Healing Wounds* in the *Wound Journal* 12 (2): pages 60 – 67