



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: March 20, 2008

IRO Case #:

Description of the services in dispute:

Skilled nursing visits x21, 12/21/07 – 1/19/08.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopedic Surgery. This reviewer is a member of the American Orthopaedic Society for Sports Medicine, the American Medical Association and the American Academy of Orthopaedic Surgeons. Current practice involves procedures of the extremities with special emphasis on hand surgery. This reviewer has been in active practice since 2001.

Review Outcome

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

Overtured

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.

Skilled nursing visits x21, from 12/21/07 through 1/19/08 were medically necessary.

Information provided to the IRO for review

Received from the State:

Notice of Case Assignment, 2/22/08

Confirmation of Receipt of Request for Review by an Independent Review Organization

Company Request for IRO

Request for Review by an Independent Review Organization

Review, Workers' Comp Services, 12/27/07

Review, Workers' Comp Services, 1/11/08

Received from Utilization Review Agent

Fax Coversheet, 1/4/08

Letter, 1/4/08

Home Health Care Medical Update, 11/21/07

Certificate of Medical Necessity and Prescription, 11/21/07

Home Health Care Assessment, 11/21/07

Home Health Care Certification and Plan of Care, 11/21/07

Note from Dr., 12/19/07

Home Health Care Visit Notes, 12/29/07, 12/30/07, 12/31/07

Home Health Care Wound Treatment Notes, 12/30/07 and 12/31/07

Patient clinical history [summary]

The patient is a xx year-old male who fell from a ladder on xx/xx/xx sustaining an open distal ulna fracture and requiring the placement of K-wires and an external fixator. He was discharged from the hospital on 11/20/07. Home health was ordered to include skilled nursing visits daily for 30 days (11/21/07 to 01/19/08) regarding the surgical incisions of the right wrist with daily wound care to pin sites and incisions using aseptic technique, cleansing with H2O2 and cotton tip applicators, applying Xeroform and gauze cut to fit around pin sites, wrapping with an ace bandage and to check the status of his wounds.

A home health care assessment on 11/21/07 noted a non-healing surgical wound and intractable pain. The patient reportedly lived with his spouse who was the primary caregiver and provided assistance several times during the day. He had right wrist pain and was taking Lortab. There were multiple incisions on the right wrist; three that were not healing. He was dyspneic when walking greater than 20 feet and when climbing stairs. He was not able to cook or shop independently, was anxious, had memory deficits, behavior problems several times a month, had joint swelling, stiffness and tenderness. His functional limitations included endurance and ambulation. The patient needed assistance with grooming, depended entirely on another person to dress his upper and lower body, participated in bathing himself in the shower or tub, but required the presence of another person; was unable to get to and from the toilet or bedside commode, but was able to use a bedpan or urinal independently. He was unable to transfer himself and unable to bear weight or pivot when transferred by another; required an assistive device to walk alone or supervision to negotiate stairs, steps or uneven surfaces. The patient could feed himself, but needed meal set up or intermittent assistance, was unable to prepare light meals or reheat any delivered meals, could ride in a car when driven by someone or was able to use bus or handicap van when assisted. He was unable to do any laundry or needed continual supervision and assistance due to cognitive or mental limitations, was unable to effectively participate in housekeeping tasks and needed assistance with shopping. Medications included Aspirin, Phenergan and Lortab.

Dr. authored a note on 12/19/07 stating that the patient had suffered a significant wrist injury requiring extensive surgery and placement of K-wires and an external fixator. Dr. requested daily home care to address the complex injury and provide medically necessary wound and pin site care and dressing changes that were vitally important to his recovery. He indicated that the patient would need continued care until the wound healed and his device was removed.

A review by Dr. on 12/27/07 for 21 visits of daily wound care was denied. A home health care visit note on 12/29/07 noted edema of the right forearm, weakness with pain rated 8/10 to the right wrist and forearm. Wound care was completed.

A home care note on 12/30/07 indicated the patient's weakness, right forearm pain, the inability to negotiate stairs leading to the outside and unsteady and unsafe ambulation. Wound care was provided as ordered. The incision was healing and pink without drainage. A home care visit on 12/31/07 noted non-pitting edema to the right hand which was unchanged, incontinence, a weak and unsteady gait, weakness to the right arm, the inability to negotiate stairs leading to the outside, dyspnea when walking, and a temperature of 100.4. He was advised to take Motrin. Wound care was completed as ordered. There was a scar that was pink and without drainage. On 01/02/08 the external fixator was removed.

On 01/04/08 the nurse case manager requested expedient reconsideration for the request of 21 skilled nursing visits for daily wound care, pin site care and dressing changes from 12/21/07 to 01/19/08. A review by Dr. on 01/11/08 denied the request. On 02/20/08 11 skilled nursing visits 12/21/07 through 01/02/08 for daily in home wound and pin site care was ordered. It was noted that the patient had no family to help with his care and that he couldn't do it himself.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The previous denials are overturned.

The requested skilled nursing visits have been denied on two previous occasions due to apparent lack of documentation of the claimant's ability to do activities of daily living and lack of information regarding why the patient's family could not participate in wound care.

The early records suggested the patient's primary caregiver was his spouse from whom he received assistance several times during the day. However, additional information provided on 02/20/08 states that the patient has no family to help with his care and noted that he was unable to perform the care himself. He had an open distal ulna fracture which required external fixation and postoperative wound care. The new information that states the claimant had no family available to help would suggest that skilled nursing was necessary.

It would be quite difficult for the patient to appropriately address his surgical wounds on his own without the assistance of family members. The new information provided contradicts the previous information in the medical records and would seem to justify the skilled nursing care as it was provided.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (i.e. Forearm, Wrist and Hand - Wound Care)

Recommend the following combinations: for chronic wounds, (1) debridement stage, hydrogels; (2) granulation stage, foam and low-adherence dressings; and (3) epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds, low-adherence dressings. For specific situations, the following dressings are favored: for fragile skin, low-adherence dressings; for hemorrhagic wounds, alginates; and for malodorous wounds, activated charcoal. [The various stages of wound healing are debridement or the stage in which debridement is required; granulation, in which the wound is recovered by newly formed, pink granular tissue (granulation tissue); and epithelialization, in which keratinocytes migrate across the wound surface.] A moist environment facilitates wound healing more so than allowing the wound to air-dry. There are only weak levels of evidence on the clinical efficacy of modern dressings compared with saline or paraffin gauze in terms of healing, with the exception of hydrocolloids. There was no evidence that any of the modern dressings was better than another, or better than saline or paraffin gauze, in terms of general performance criteria. Hydrocolloid dressings proved superior to saline gauze or paraffin gauze dressings for the complete healing of chronic wounds, and alginates were better than other modern dressings for debriding necrotic wounds. Hydrofiber and foam dressings, when compared with other traditional dressings or a silver-coated dressing, respectively, reduced time to healing of acute wounds. There is no evidence to support claims that specific dressings, such as silver-containing antibacterial dressings, are most appropriate for selected indications, such as care of infected wounds or prevention of infection. (Chaby, 2007) There is no evidence that using tap water to cleanse acute wounds in adults, increases infection and some evidence that it reduces it. Drinkable tap water applied topically is as effective as normal saline for cleansing a wound, according to this Cochrane review. Various solutions have been recommended for cleansing wounds, however normal saline has been favored as it is an isotonic solution and does not interfere with the normal healing process. Antiseptic preparations have been traditionally used, but animal models suggest that antiseptics may actually hinder healing. (Fernandez, 2008) See also Hyperbaric oxygen therapy; & Vasopneumatic devices.

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