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DATE OF REVIEW: 11/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO - Inpatient length of stay from 7/30/09 through 8/2/09

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

This case was reviewed by a licensed MD, specializing in Preventive Medicine/Occupational Medicine, Internal Medicine. The physician advisor has the following additional qualifications, if applicable:

ABMS Preventive Medicine: Occupational Medicine, Internal Medicine

REVIEW OUTCOME:

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

☒ Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - Inpatient length of stay from 7/30/09 through 8/2/09		-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request		19		
2	IRO Carrier/URA Records		2		
3	Referral		1	11/02/2009	11/02/2009
4	Diagnostic Test	Medical Imaging	2	07/27/2009	07/27/2009
5	Office Visit Report	Hospital	76	07/28/2009	08/04/2009
6	Initial Denial Letter		3	08/05/2009	08/05/2009
7	Appeal Denial Letter		3	10/07/2009	10/21/2009

8	IRO Record Receipt		7	10/19/2009	10/19/2009
9	Archive		2		
10	IRO Request		2	10/15/2009	10/15/2009

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a woman with history of nephrolithiasis, hypothyroidism and depression, was admitted to the hospital on xx/xx/xx due to acute left lower abdominal and groin pain. She was initially seen by her primary care physician and was diagnosed with a urinary tract infection and treated with antibiotics. A CT scan of the abdomen indicated bilateral non-obstructing renal calculi. She was also seen initially by a urologist for hematuria. Her symptoms worsened and she was seen in the emergency room. On the floor she was treated with intravenous antibiotics for unit tract infection. She also received intravenous morphine for her pain. Urologic consult recommended a contrast CT scan of abdomen which showed right sided kidney stones without any obstruction. A CT scan of the pelvis and transvaginal ultrasound findings were unremarkable. She had no further hematuria after admission but continued to have groin pain. An MRI of the pelvis was negative. On admission she had an MRI of the lumbar spine which showed L5-S1 spondylolisthesis. On admission her white count was 10, 300, BUN and creatinine were 11 and .8; CBC and CMP were unremarkable during her course of stay. Urine cultures grew Staphylococcus epidermis. Her KUB was negative. Physical examination at the time of discharge was unremarkable, vital signs are stable and left groin was minimally tender. Her discharge medications were Hydrocodone, Zoloft, Concerta, Olanzapine, Flexeril and Ibuprofen. She was recommended to continue activity as tolerated and was asked to resume a regular diet and to follow-up with urologist for possible cystoscopy.

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

The patient was apparently admitted for left lower abdominal pain, groin pain and a UTI. It seems that the hospitalization from xx/xx/xx through xx/xx/xx was approved. The patient's hospital course from 7/30/09 through the discharge date of 8/2/09 was unremarkable. She was treated symptomatically most of the time with only iv antibiotics.. Laboratory studies including CBC and metabolic panel during the course were normal. She was able to void when her Foley catheter was removed on 7/30/09. She was tolerating oral intake of fluids, her vital signs were stable, her symptoms during the admission dates 7/30/09 through 8/2/09 were not severe enough to justify extended hospitalization. She was tolerating oral medications including opiates. The imaging studies done in the hospital could have been done on an outpatient basis. The patient did not have urosepsis or pyelonephritis to justify extended hospitalization. There is insufficient clinical evidence to justify inpatient stay as indicated above.

IRO decision Upheld.

ODG: Gross hematuria; Hospital Length of Stay: 3.4 days

Abdominal pain varies in length and location and is a symptom of many other conditions.
Abdominal tenderness
Colic:
NOS
infantile
Cramps, abdominal
Epigastric pain
Umbilical pain
Excludes:
renal colic (788.0)
ICD-10 Code(s): R10.0, R10.1, R10.3, R10.4
***ODG Treatment* Contents: Hospital Length Of Stay:** 3.0 days

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