

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Admission to Skilled Nursing Facility w/ Skilled PT & OT 5x/wk 48 Days LOS

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

MD, 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines, SNF
Denial Letters, 4/7/10, 5/21/10
Home Records, 3/31/10 - 4/17/10
hospital 3/26/10 to 4/1/10

PATIENT CLINICAL HISTORY SUMMARY

This worker has a date of birth of xx/xx/xx. He lives alone in mobile home with 3 steps. He was working full time and. He does not have relatives to assist him. He fell and had ORIF of the left femur. He was toe touch weight bearing. He has restrictions in left knee range of motion and was also toe touch weight bearing on the left. He has a past history of left elbow ORIF and right wrist fusion. He was taking Norco, Tylenol, Senna, Lovenox, and ferrous gluconate. He was prescribed SNF, PT and OT on 3/31/2010. Records were provided covering dates 3/31/10-4/17/10. Records were not provided for days 4/18/10-discharge. The review is for Admission to Skilled Nursing Facility w/ Skilled PT & OT 5x/wk 48 Days LOS.

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

This patient lived alone and was working full time. There is no family involved in his care. He has a history of falls. He fell with fracture of the left femur and was not ambulating independently or safely. He met the ODG Guidelines for admission to SNF in order to receive appropriate therapy services so that he could discharge home safely. The reviewer finds that medical necessity exists for Admission to Skilled Nursing Facility w/ Skilled PT & OT 5x/wk covering dates 3/31/10-4/17/10. Records were not provided for days 4/18/10-discharge. Therefore, because there are no records provided for the remaining dates in question, the reviewer finds that medical necessity does not exist for Skilled Nursing Facility w/ Skilled PT & OT 5x/wk 4/18/10-discharge.

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

ACOEM-AMERICA 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)