



Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 03/12/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient rehabilitation, additional five days, 02/06/10 through 02/24/10, denial

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified by the American Board of Physical Medicine and Rehabilitation and member of North American Spine Society

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
721.0	OCSID		Concurrent		02/10/10 – 02/16/10				Overturn

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independent reviewer
2. TDI case assignment
3. Letter of denial, 02/17/10, including criteria used in the denial, ODG
4. History and physical, 01/22/10
5. Interdisciplinary assessment, 01/22/10 through 01/25/10
6. Short term goals/status updates, 01/23/10 through 01/29/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a female who has a reported history of presentation to Medical Center and, by report, was diagnosed with severe spinal stenosis. Impression was spinal cord-cervical myelopathy. She was taken to the operating room . She apparently underwent an anterior cervical fusion from C3 through C7, which included decompression of the spinal cord. She was subsequently admitted to rehabilitation facility. The reason for admission to the rehabilitation facility was non-traumatic spinal cord injury-cervical. On examination the patient was noted to have hyperreflexia-upper motor neuron signs-cervical myelopathic changes. This resulted in severe gait impairment as well as impairments of activities of daily living. She also had neurogenic bowel and bladder, morbid obesity, sleep apnea, hypertension, and history of depression and psychosis.

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

Considering the aforementioned history which included severe deficits related to cervical myelopathy, it is inappropriate to dismiss the patient from the inpatient rehabilitation unit after two weeks of therapy. When one reviews the progress notes completed by the interdisciplinary team, there is evidence of improvement, although there is not striking improvement with the functional independence measure subset scores. Considering the patient's severe deficits, it clearly will take longer than two week inpatient rehabilitation stay to make a major impact on this patient's functional independence measure subset scores. On review of the patient's denial of further inpatient rehabilitation, the ODG Guidelines are referred to, and there is of note medical necessity of treatment including diagnosis, physical therapy evaluation, and other details regarding complete plan of care. These details are clearly outlined in the HealthSouth plan of care and, therefore, cannot be used as evidence for denial for the patient's inpatient rehabilitation care. Furthermore, on review of the physical therapy progress notes, this patient is achieving measurable improvement in the setting of severe non-traumatic cervical spinal cord injury two weeks out from admission to the rehabilitation unit.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature: multiple pieces of peer-reviewed literature by Dr.
- Other evidence-based, scientifically valid, outcome-focused guidelines: please refer to the American Spinal Injury Association or ASIA, multiple publications. One may also refer to Dr. textbook on Physical Medicine and Rehabilitation or Dr. textbook on Physical Medicine and Rehabilitation, i.e. Spinal Cord Injury chapter, specifically Non-traumatic Cervical Spinal Cord Injury.