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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Inpatient ICU 8 day length of stay

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Internal Medicine

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Hospital, 9/13/10, 8/23/10-8/31/10
Neuro, Physician Notes, 8/9/10-8/28/10
Speech Therapy Progress Notes, August 2010
8/17/10
ODG (Does not address)
8/26/10, 9/3/10

PATIENT CLINICAL HISTORY SUMMARY
This patient sustained a severe traumatic brain injury in xx/xx, with resultant motor and cognitive deficits. Tracheostomy and PEG tube were placed. He underwent extensive rehabilitation with some improvement in his symptoms. The records describe chronic abdominal distension with dysmotility. In August 2010 he was not requiring mechanical ventilation, but did have oral secretions that required constant tracheostomy cuff inflation.

Due to increasing abdominal tenderness and the possibility of PEG tube migration, the patient was admitted to the hospital on 8/23/10. Vital signs were normal and the lungs were clear. He received IV fluids and pulmonary toilet/suctioning. The PEG tube was replaced and the patient was discharged home.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The patient sustained a severe brain injury, eventually requiring tracheostomy and PEG tube.

He was admitted in August 2010 for evaluation of abdominal pain, distension, and PEG tube malfunction. His pulmonary status was stable. The records do not support the need for ICU level of care. Though the patient did require pulmonary care, this care could have been provided at a lesser level. The abdominal pain did not appear to require ICU care, either. In summary, the care provided in Inpatient ICU 8 day length of stay could have been provided in a less acute setting than the ICU. The reviewer finds that medical necessity does not exist for Inpatient ICU 8 day length of stay.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)