



# IMED, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 06/22/11

**IRO CASE NO.:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute:

Date of Appeal Request: 05/23/2011

Procedure/Treatment: \*\*APPEAL\*\* Transfer for Inpatient Rehabilitation

Date of Appeal Decision: 05/31/2011

Physician Reviewer & Board Certified in Physical Medicine and Rehabilitation

Licensure State/Number: XX XXXXX

Guideline/Criteria: ODG Treatment Guidelines

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

Texas Board Certified Physical Medicine & Rehabilitation

### **REVIEW OUTCOME**

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

Denial Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 04/04/11 – Progress Note – Unspecified Provider
2. 04/12/11 – Progress Note – Unspecified Provider
3. 04/12/11 – Speech Language Pathology Note
4. 04/12/11 – Physician Progress Note
5. 04/12/11 – Occupational Therapy Note
6. 04/19/11 – Master Treatment Plan
7. 04/26/11 – Rehab Interdisciplinary Note
8. 05/02/11 – Utilization Review
9. 05/31/11 – Utilization Review
10. **Official Disability Guidelines**

### **PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a XX-year-old male who sustained an injury on XX/XX/XX when he received a gunshot wound to the head.

The employee was evaluated on 04/12/11. Physical examination revealed the right eye was sutured partially shut. The lip abrasions were healed. There was no discharge from the trachostomy site. There were minimally decreased breath sounds bilaterally in the lower lobes. The employee voluntarily opened the left eye. The note stated this was improved since admission. The note indicated the employee had Botox injections without improvement. The employee was currently being considered for a Baclofen pump. The employee's mother wished to care for the employee at home.

An occupational therapy note dated 04/12/11 indicated the employee followed simple one-step commands with tactile cue to move head and answering yes/no questions with head nod/turn. The employee reported pain with passive range of motion of the right upper extremity. The note stated the employee was progressing better than expected. The employee was recommended for continued occupational therapy.

A note dated 04/19/11 indicated the employee had been transferred for continued management of stomas and rehabilitation. The employee had been recommended for a baclofen pump trial. The note stated the employee would continue to be followed, as he was able to respond to commands. The employee may also be recommended for trachostomy removal after the Baclofen pump placement surgery.

Rehabilitation interdisciplinary notes dated 04/26/11 indicated the employee was disoriented x4 with impaired ability to follow basic commands. The note stated a CT of the head showed extensive intracranial parenchymal injury with multiple metallic fragments traversing pons and lower brainstem with cerebellar edema. There was right inferior temporal lobe hemorrhagic contusion and early hydrocephalus. The note stated the employee intermittently followed commands and intermittently focused his gaze on people in the room. The employee required maximum assistance with all activities of daily living, to include bathing, grooming, toileting, and bed mobility.

The request for transfer to inpatient rehabilitation was denied by utilization review on 05/02/11, as the employee was noted to have poor rehabilitation potential. It was unclear if the employee was able to follow commands. There was no recent EEG to show brain function. The employee's present neurologic status was not well documented.

The request for transfer for inpatient rehabilitation was denied by utilization review on 05/31/11, as the claimant was not independent with any activities at all requiring total assistance. Records reflect the claimant was only intermittently following commands and intermittently focused gaze on people in the room. Functional level did not appear to be sufficient to justify inpatient rehabilitation. There was no indication the claimant would be able to actively participate in any care or active occupational or physical therapy.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The clinical documentation provided for review does not support the requested inpatient rehabilitation. The employee's evaluation demonstrates a poor rehabilitation potential. The employee requires maximum assistance with all activities of daily living and although the employee has several medical needs, it is unlikely that the employee will make any significant improvements with inpatient rehabilitation. Given the employee's poor inpatient rehabilitation ability as reflected by the clinical notes provided for review, a transfer to an inpatient rehabilitation program would not be considered medically necessary.

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

Joint replacement rehabilitation outcomes on discharge from skilled nursing facilities and inpatient rehabilitation facilities. *Arch Phys Med Rehabil.* 2009 Aug;90(8):1284-96.