

Clear Resolutions Inc.

An Independent Review Organization
6800 W. Gate Blvd., #132-323
Austin, TX 78745
Phone: (512) 879-6370
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional PT 3 x 4 codes 97530 x2 97116 x2 97140 x2 97112 x2 97110 x2

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

MD, Board Certified in Physical Medicine and Rehabilitation and Board Certified in Pain Management

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

4/29/11, 5/9/11
Medical Center 5/18/11
Rehabilitation Center 10/1/10 to 4/27/11
Progress Note 1/3/11 to 4/25/11
Hospital 6/11/10 to 4/25/11
MD 10/6/10
Health & Hospital 4/30/10 to 6/5/10
Additional Carrier records dated 6/18/10 to 2/25/11
ODG Burn Chapter

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx . He sustained a combination of an Electrical burn to 20% of his body. The majority of the burn was on the left upper extremity, but also involved contact areas on his abdomen, hip and face. He underwent 9 reported operations including fasciotomy and enterotomy followed by multiple debridements of necrotic tissue and skin grafts. He was treated on an inpatient rehabilitation unit for 6 weeks in the summer of 2010. Dr. (5/18/11) noted that he also had an electrical spinal cord injury and needed additional therapy to walk. The therapy notes and review notes comment upon a spinal cord injury. The request is for therapeutic exercise and gait training.

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

The ODG has the following information about therapy after a burn: ODG Physical Therapy Guidelines – Burns (ICD9 949); Medical treatment: 8 visits over 6 weeks; Post-surgical treatment: 16 visits over 8 weeks. This part of the ODG does not differentiate the simple burn

vs. a major burn or the catastrophic electrical burn described for this man. The 6 weeks of hospitalization suggest the severity of the problem. The ODG classifies this as a special burn, which is not specifically covered in the ODG. The patient has also had a spinal cord injury. According to ODG, "The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient's clinical circumstances." This patient is one of those that requires assessment on a case by case basis. Based upon this special and catastrophic situation, the reviewer finds that medical necessity exists for Additional PT 3 x 4 codes 97530 x2 97116 x2 97140 x2 97112 x2 97110 x2.

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)