

C-IRO Inc.

An Independent Review Organization
1108 Lavaca, Suite 110-485
Austin, TX 78701
Phone: (512) 772-4390
Fax: (512) 519-7098
Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient skin graft placement on left calf

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

M.D., Board Certified General Surgery

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

Official Disability Guidelines and Treatment Guidelines

Request for IRO dated 03/23/12

Utilization review determination dated 01/30/12

Clinical records Dr. 12/23/11-01/27/12

Operative report 12/14/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained penetrating trauma by metal rod resulting in open wound to posterior left calf on xx/xx/xx. The claimant was transported to Hospital and transported by trauma surgery and taken to surgery on xx/xx/xx at which time he underwent irrigation and debridement of open wound to left lower extremity. There is application of wound vac or 90 cm² in preparation for future skin grafting. The submitted clinical records indicate the claimant was continued on wound vac and subsequently noted to have development of granulation. On 12/23/11 it was noted sufficient wound healing was occurring and the claimant was to be prepared for split thickness skin graft to cover tissue defect.

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

The operative report dated xx/xx/xx notes that the claimant had significant penetrating trauma as the result of being struck by a metal rod and had a large open wound to his posterior left calf measuring 10x9cm. This was subsequently debrided. Wound vac was placed and appropriate post-operative treatment was initiated with the intention of placing a split thickness skin graft due to the size of the wound. Inpatient treatment was focused on the ultimate performance of a split thickness skin graft to cover the fascial defect. The request is clearly within the standard of care to treat penetrating trauma. The reviewer finds there is

medical necessity for Inpatient skin graft placement on left calf. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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)

LAWRENCE W. WAY, GERARD M. DOHERTY. CURRENT DIAGNOSIS & TREATMENT: SURGERY, THIRTEENTH EDITION. COPYRIGHT © 2010 BY THE MCGRAW-HILL COMPANIES.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)