

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: March 30, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional 14 days Inpatient Skilled Nursing Facility (2/10/12 to 2/23/12)

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

This physician is Board Certified Physical Medicine and Rehabilitation with over 15 years of experience.

REVIEW OUTCOME:

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

Upheld _____ (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

02-04-12 to 02-10-12: Occupational Therapy Progress Report from

02-17-12: Progress Note by LPN/LVN with

02-17-12: Physical Therapy Evaluation and Plan of Treatment by PT with

02-28-12: Progress Note by A/GNP with

02-29-12: UR performed by MD

03-15-12: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records received, the claimant is a male who was injured on xx/xx/xx while performing work duties resulting in bilateral SI joint disruption and right acetabular fracture. The mechanism of injury was unspecified. The claimant underwent ORIF right and left pelvis and was discharged to a skilled nursing facility and has since had 42 certified day of acute inpatient rehabilitation. It was also documented that he claimant received treatment in the form of: selective nerve root block, physical therapy, occupation therapy, MRI, and oral medications.

02-04-12 to 02-10-12: Occupational Therapy Progress Report from. Diagnoses listed: Muscular wasting and disuse atrophy, Neurotic disorder; anxiety state, Depressive Disorder, Multiple fractures involving both lower limbs, other aftercare involving internal fixation device, lumbar fracture, closed. As of 2/10/12 current bilateral upper extremity strength was 4/5-4+/5. Ability to safely perform toileting tasks was Supervised (A). His activity tolerance was Fair for improved self care performance. As of 1/29/12 he was set up to MOD (A) with LB ADLs. It was recorded in the notes that Background Precautions included: Falls, NON WB Les, HTN, O2 dependent 2-3 liters. Reported that the claimant originally somewhat resistant to treatment however was now fully participating with all areas. His primary focus was on BUE strength to improve overall transfer status. The claimant was to report to the doctor on 2/14/12 for possible upgrade of WB status. It was noted that the claimant demonstrated good rehab potential as evidenced by motivated to participate and active participation in with POT. Plan: Continue to advance safely and with basic ADL's and transfers to enable safe discharge to home environment.

02-17-12: Progress Note by LPN/LVN with. It was reported that the claimant was up in wheelchair and propels wheelchair independently. Requires one person assist with ADL's. Had an apt. with ortho to assess right hip pain.

02-17-12: Physical Therapy Evaluation and Plan of Treatment by PT with. The claimant was referred to PT due to new onset of decrease in strength, decrease in functional mobility, decrease in transfers, decrease in range of motion, reduced ability to safely ambulate, reduced balance, reduced functional activity tolerance, reduced ADL participation and increased need for assistance from others. Background Assessment: Medical precautions: WBAT to left LE, TDWB to right LE; fall risk, HTN. LE ROM: RLE ROM=WFL; LLE ROM=WFL. RLE strength = 5/5; LLE strength =4/5; RUE strength = 5/5; LUE strength = 5/5; trunk strength = 5/5. Static sitting balance and Dynamic sitting balance was good. Static standing balance was Fair and Dynamic standing balance was poor. Impressions: Patient will require skilled PT services to address impairment with bilateral LE's and progress ADL's and functional mobility to prior levels of independence for safe return back home and back to work. Short-Term Goals were: 1. Progress all functional transfers to modl w/o difficulty. 2. Progress ambulation to

ambulate with RW>150 ft with sba in facility following TDWB restriction for right LE. 3. Progress standing tolerance/balance for ADL's to sba with UE support > 3 min. 4. Progress left LE strength to >4+/5 for stability with WB activities. Long-Term Goals: Patient will be indep and safe with all functional transfers; modl/indep with gait using minimal AD in and outside of facility > 300 ft; display good dynamic standing balance for discharge home with spouse.

02-28-12: Progress Note by, A/GNP with. It was reported the claimant had new complaint of inability to sleep at night and was taking pain medication, NSAID and muscle relaxant, but still not sleeping. It was also reported that he had been on Norco 10/325, would be starting water therapy soon to increase strength and endurance; ambulating 75 feet with RW NWB to right leg and continuing NWB x 3-4 more weeks. On exam there was increased pain to the right hip, limited ROM to right hip b/c pain, and was standing in parallel bars. Assessment/Plan: Insomnia: Increase Ambien to 10 mg. Limb pain/FX pelvis: Follow-up with Dr. in 3-4 weeks, decrease Norco to 7.5/325. Amyotrophia: Continue PT/OT will remain TDWB to right x 3-4 more weeks, continue Lovenox, consult Dr. length of treatment, start water therapy soon. CAD/HTN: Continue Lisinopril, HCTZ and Metoprolol. Depression: Continue Celexia. Muscle Spasms: Continue Methocaramol.

02-29-12: UR performed by MD. Rationale: Per the most recent physical therapy evaluation on February 15, 2012, the claimant documents upper and lower extremity strength normal at 5/5 with no pain noted on the pain score at rest. He was able to perform activities of daily living and ambulate and transfer with an assist of one. He was independent with his eating and activities of daily living per the records provided. The records indicate that the claimant is going to return to home with assistance of family living with him at the time. Therefore, the claimant's progress note does not document or indicate any need for further acute inpatient rehabilitation or skilled nursing facility requirements at this time. The guidelines indicate a total of ten to eighteen days in a skilled nursing facility or six to twelve days in a n inpatient rehabilitation facility depending on the availability and proven facilities following total joint replacement surgery. Although the claimant has had fractures of the lower extremities with some comorbidity including obesity and muscle weakness that is contributing to his injury, there are clinically no significant functional deficits noted at this time that would indicate the need for further inpatient skilled nursing facility at this time.

03-15-12: UR performed by MD. Rationale: It is noted that the records submitted for review still did not address the issues raised by the previous determination, namely that a comprehensive objective examination of all the relevant body parts with pertinent orthopedic and neruomotor findings that suggest significant functional deficits to substantiate the necessity the requested inpatient service was not provided for review in the recent medicals dated 02/28/12. Furthermore, it is noted that the patient has already had 14 days of acute inpatient rehabilitation and a total of 37 days of inpatient-level therapy, and that this is a request for an additional 14 days of skilled nursing care facility stay, which is deemed in excess of guideline recommendations; in such cases, exceptional factors should be noted, which were not provided for review. There is also

no evidence that outpatient rehabilitation, in conjunction with a home exercise program could not address the patient's remaining deficits.

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

Denial of additional 14 inpatient skilled nursing facility is upheld/agreed upon. ODG pelvic/hip chapter recommends 10-18 days SNF or 6-12 inpatient rehab after 3-5 days acute hospitalization for Arthroplasty (closest to this case's diagnosis of s/p ORIF for pelvic fractures). This case's 14 inpatient rehab then 37 days inpatient level skilled PT well exceeds ODG recommended SNF days. Furthermore, submitted progress notes 02/17/02 and 02/28/02 are notable for clinical presentation of good to normal strength in extremities, one person assist with ADL's, claimant plans to discharge home with family, ambulation with rolling walker 75 feet, and oral medications – all functions not requiring skilled inpatient PT, OT or nursing and more appropriate for outpatient setting.

ODG:

<p>Skilled nursing facility (SNF) care</p>	<p>Recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. A Skilled Nursing Facility or SNF, has Registered Nurses who help provide 24-hour care to people who can no longer care for themselves due to physical, emotional, or mental conditions. A licensed physician supervises each patient's care and a nurse or other medical professional is almost always on the premises. This may include: an R.N. doing wound care and changing dressings after a major surgery, or administering and monitoring I.V. antibiotics for a severe infection; a physical therapist helping to correct strength and balance problems that have made it difficult for a patient to walk or get on and off the bed, toilet or furniture; a speech therapist helping a person regain the ability to communicate after a stroke or head injury; an occupational therapist helping a person relearn independent self-care in areas such as dressing, grooming and eating. (CMS, 2007)</p> <p>Criteria for skilled nursing facility care (SNF):</p> <ul style="list-style-type: none"> - The patient was hospitalized for at least three days and was admitted to the SNF within 30 days of hospital discharge. - A physician certifies that the patient needs SNF care. - The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis. Skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as nurses, physical therapists, and occupational or speech therapists. In order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel. Treatment is precluded in lower levels of care. - The skilled nursing facility is a Medicare certified facility.
<p>Skilled nursing facility LOS (SNF)</p>	<p>Recommend 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), depending on the availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty. (Dejong, 2009) (DeJong, 2009) See Hospital length of stay (LOS). For patients with knee replacement and patients with hip replacement, inpatient rehabilitation facilities (IRFs) had better outcomes than did skilled nursing facilities (SNFs), because earlier and more intensive rehabilitation was associated with better outcomes. (Dejong, 2009) See also Home health services.</p>

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