

**Notice of Independent Review Decision**

**DATE OF REVIEW:** May 30, 2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**  
*36 Skilled Nursing Visits between 04/21/2012 and 06/16/2012.*

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

This case was reviewed by a physician who is board certified in surgery and currently licensed and practicing (hand surgery) in the state of Texas.

**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**

<b>Type of Document Received</b>	<b>Date(s) of Record</b>
A letter from Utilization Review Unit to M.D.	04/27/2012
A letter from M.D.	05/02/2012
A letter from Utilization Review Unit to M.D.	05/03/2012
Request for review by IRO for the denied service(s) of 36 Skilled Nursing Visits between 04/21/2012 and 06/16/2012	05/04/2012

A medical record from Home Care	05/05/2012
A medical record from Home Care	05/06/2012

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a male who works as a sustained a crush injury on xx/xx/xx to his right ring and small fingers when his right hand got caught between the trolley and backstop. He had ORIF of right ring and small finger fracture. He was seen by Dr. who requested 36 skilled nursing visits which is denied.

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

Per your request, I reviewed the enclosed medical records on Mr.. As a result, the following question was answered after review of the files sent to me including notes from Dr. of May 2, 2012 as well as home care on May 5<sup>th</sup> and May 6, 2012, and the denial for the May 4, 2012 request for 36 skilled nursing visits between April 21<sup>st</sup> and June 16, 2012. The request for this review is for 36 skilled nursing visits between April 21, 2012 and June 16, 2012.

Upon review of the notes submitted to me for review, the claimant sustained a crush injury to the right hand and underwent surgery by Dr. r. An operative report for the exact details of this type of surgery was not submitted for review. Per the file, the patient sustained a fracture to the right 4<sup>th</sup> and 5<sup>th</sup> fingers along with an open wound that could not be sutured per the emergency room. He was taken to surgery for an open reduction internal fixation of the right ring and small finger, ulnar nerve repair, extensor tendon repair to the ring finger. It was stated that the patient needed daily dressing changes.

Upon review of the request, the need for 36 visits of skilled nursing for dressing changes daily by the claimant is not reasonable and/or medically necessary. It is not supported by ODG guidelines. There is no rational regarding the need for such a number of visits either. The patient obtained 10 visits, which was partially certified by Dr. and at the point he stated that the patient should be well-established enough that he is able to do his own dressing changes and require no more visits. Upon review of this documentation and the above findings per Dr., this as well as the limited medical records submitted to me, I will agree that 36 visits is not warranted, reasonable, or medically necessary, and is not supported by any literature, findings in the form of Green's textbook or Campbell's Orthopedics, or ODG guidelines. At this point, the request for 36 visits is not reasonable or medically necessary or supported.

**ODG INDICATION FOR HOME HEALTH SERVICES**

Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or “intermittent” basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. These recommendations are consistent with Medicare Guidelines. (CMS, 2004)

**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)