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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/31/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Post acute brain injury rehab 5 days per week cognitive therapy, 7 days per week behavioral and medical management x 60 days

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Neurology

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that this request for Post acute brain injury rehab 5 days per week cognitive therapy, 7 days per week behavioral and medical management x 60 days is non supported at this time.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical note 04/12/12-11/26/12
Occupational therapy notes 05/14/12-06/11/12
Safety awareness training 06/11/12
Previous utilization reviews 11/19/12 and 11/21/12

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a female who reported an injury on xx/xx/xx when she was involved in a motor vehicle accident. The claimant lost control of her vehicle and swerved into oncoming traffic. The claimant was noted to have been ejected from the vehicle with a subsequent loss of consciousness at the scene. The claimant presented to Hospital where she was found to have a subarachnoid hemorrhage, a diffuse axonal injury, pulmonary contusions, respiratory failure, and spinal injuries at C5 through C7. The claimant was noted to have been placed in a halo and later transferred to a nursing home facility on 10/11/08. The claimant was then transferred to a hospital a week later after pulling out her PEG tube. The claimant was noted to have undergone rehabilitation on 11/24/08 and was admitted to the Center for Neuro Skills for post-acute rehab on 03/12/09 and then subsequently transferred to an assisted living program on 11/20/09. The claimant was subsequently transferred to a specialty hospital on 12/09/11 for medical and behavioral stabilization. The claimant was then referred to Recovery Center for post-acute rehab on 04/26/12 and the note detailed the claimant having erratic blood pressure readings. Low hemoglobin A1C was noted to be a little high at 7.4. The claimant was utilizing Lantus insulin

and akivra. The note detailed the claimant complaining of generalized pain on several occasions. Appearance and environment were noted to have become increasingly disheveled and unorganized. The claimant was also noted to be picking up used cigarette butts for the common area and collecting them in her room. The note detailed the claimant being compliant with moderate assistance from program staff. Clinical note dated 04/12/12 detailed the claimant doing well with the smoking program, however. The note detailed the claimant being belligerent with a new nurse. The note detailed the claimant utilizing Clozaril. Clinical note dated 06/11/12 detailed the claimant continuing with high blood sugar readings of 215. The claimant was noted to be combative and sensitive to overstimulation. The claimant was noted to have confusion and comprehension deficits. The claimant refused to participate in daily therapeutic activities. Intermittent compliance was noted with the daily walking program. Clinical note dated 07/09/12 detailed behaviors of the claimant escalating in a matter of minutes. The claimant was noted to have punched and kicked staff members. Behavioral protocol was put in place with positive reward system. Clinical note dated 08/13/12 detailed blood sugars stabilizing between 100 and 200. Behavioral protocol was noted to have met with moderate success at that time. Clinical note dated 09/10/12 detailed the claimant continuing to use Lantus for stabilizing her blood sugars. The claimant continued with aggressive behaviors. The note detailed the claimant performing home exercises on a daily basis. The claimant was compliant with all program rules, including a smoking schedule. Clinical note dated 10/08/12 detailed the blood sugars becoming more out of range. Lantus was increased to 11 units. The claimant was noted to have run her wheelchair into several staff members, but was noted to be not outwardly aggressive. Attention level was improving in the midst of a cognitive group setting. Clinical note dated 11/12/12 detailed the claimant continuing with aggressive behaviors.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The clinical documentation provided for review detailed the claimant demonstrating aggressive behaviors while in the midst of an inpatient setting. The clinical notes detail the claimant undergoing periodic medication changes for stabilization purposes. However, it is unclear regarding her brain injury rehab for necessity of five days per week. The claimant was noted to be generally compliant with all programs while in the midst of an inpatient care. Additionally, it is unclear regarding an additional 60 days of behavioral medication medical management is necessary versus a less intensive program. Given the lack of supporting clinical information, the use of a cognitive therapy five days per week and behavioral medical management for seven days each week is not established. Given the lack of clinical information regarding the need for these programs, it is the opinion of the reviewer that this request for Post acute brain injury rehab 5 days per week cognitive therapy, 7 days per week behavioral and medical management x 60 days is non supported at this time.

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)

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). doi:10.1176/appi.books.9780890423349.