



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 1-6-2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Inpatient Rehab Stay for 42 days.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

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)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of Inpatient Rehab Stay for 42 days.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from:

- 10/28/2013: OT Acute Evaluation.
11/05/2013: Neurosurgery Discharge Note.

11/06/2013 – 12/12/2013: Spinal Cord Injury History and Physical and Inpatient Progress Notes.

11/06/2013–12/17/2013: Physical Therapy Notes, Status Reports.

11/07/2013: Urology Consultation:

11/07/2013: Neuropsychology Initial Evaluation:

11/09/2013-12/17/2013: Consultation, Clinical notes. 11/11/2013-12/15/2013: Inpatient Progress Notes,

11/29.

11/11, 11/27.

12/02.

12/14, 12/15.

11/19/2013 – 12/17/2013: Occupational Therapy Notes, Status Reports.

11/2013: Nutrition Follow Up Note:

11/16/2013 – 12/05/2013: Therapeutic Group notes, reports.

11/24/2013: Physician Communication - Critical Results Entered.

11/26/2013, 11/27/2013: Education RAPS reports.

12/12/2013: Durable Medical Equipment Tracking List.

12/17/2013: Letter To whom it may concern requesting an expedited IRO review.

10/25/2013: Exam: CT Chest With Contrast, CT Abdomen And Pelvis With Contrast:

No traumatic abnormality identified.

10/26/2013: CT of the brain, Superficial injuries. No acute intracranial abnormality.

10/27/2013: CT of the cervical spine, Interval anterior cervical fusion at C4-C5 with decompression of the canal. Small central disc protrusion at C3-C4 producing spinal stenosis, unchanged.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient was injured xx/xx/xx when he fell to the pavement while bending forward to pick up something from the floor at work. He experienced immediate loss of motor function in the upper and lower limbs, was taken to Hospital and was transferred, where he was found to have acute C4-5 HNP with severe spinal cord compression with incomplete spinal cord injury. He underwent emergency surgery for C4-5 ACDF with allograft on 10/26/2013. He was transferred 11/06/2013 for comprehensive inpatient rehabilitation, with admitting diagnosis of C4 AIS D spinal cord injury. At admission he required total or maximal assistance for mobility, transfers and ADL with functional scores of “does not occur” for bed mobility, bed transfers, and walking. Authorization was secured for inpatient rehabilitation from 11/6 to 11/18/2013. Authorization was requested for 42 more days of inpatient rehabilitation. The request was non-certified 12/06/2013 and was again non-certified on appeal 12/12/2013. Request for review by an independent review organization was submitted 12/20/2013.

On 12/20/2013 had noted the following:

[the worker]is currently min-mod A with bed mobility. He ambulated 10' with RW and using vector for ambulation. UE dressing setup, LE dressing min A. Patient is actively working on

learning how to perform bowel program with nursing and OT. Patient continues to make good progress with therapies. Spoke with PT - Goal of supervision by time of discharge. Wheelchairs being trialed. Wife with some health issues (including h/o b/l shoulder dislocations) limiting ability to help. Home modifications needed including ramp. Home is currently not accessible. Anticipate will need provider services — 4 hours/week at time of discharge. Patient's goal is to return to work. Still adjusting bowel program and monitoring blood pressure and sugars.

Durable medical equipment requested 12/12/2013 included a hospital bed, ramp, rolling walker, sliding board, tub bench, commode drop arm.

Functional status continued to improve in response to therapy, as noted on the functional status report dated 12/17/2013.

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

As noted in the clinical history above, the injured worker was making good progress toward the rehabilitation goals of returning home with supervision-level help by December 31, 2013.

The ODG Guidelines do not address inpatient rehabilitation facility length of stay for ICD9 344.0 spinal cord injury with quadriplegia. According to the Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2014 (Federal Register Volume 78, Number 151, Tuesday, August 6, 2013, page 47866), the average length of stay for Case Mix Group 0405 Traumatic Spinal Cord Injury with M<16.05 and Age > 63.5 is 35-47 days, dependent on comorbidities at the time of admission, where "M" is the Motor Score, based upon the functional level measurements of twelve activities including to mobility, transfers and activities of daily living. For the purpose of this review the 47 day average length of stay will be used. The injured worker was initially certified for 14 days of inpatient rehabilitation. The requested 42 more days would bring the total to 56 days, which exceeds the average length of stay by 9 days.

The injured worker's medical records mention other factors that may affect length of stay in the inpatient rehabilitation facility:

- According to the records the injured worker is morbidly obese. The assessment instrument used for determining the Medicare patient's length of stay does not factor in the patient's weight, but planned revisions of the instrument will include weight in the data base for determining the necessity for inpatient rehabilitation and the length of stay (as noted on page 47896 of the Federal Register Document).
- Durable medical equipment was ordered 12/12/2013. The records do not document when the equipment was delivered or installed.
- Other complications of quadriplegia, such as spasticity, urinary tract infection or other infection, pain or autonomic dysreflexia, problems with the bowel/bladder program and other medical problems could affect length of stay, but apparently have not developed. However, on 12/12/2013 there was purulent drainage from the right great toe. Podiatry consultation was pending.

REFERENCE:

Department of Health and Human Services Centers for Medicare and Medicaid Services Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2014, Federal Register Volume 78, Number 151, Tuesday, August 6, 2013 /Rules and Regulations, pages 47860-47934.

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)