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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/02/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: hardware removal of the right tibia

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

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 the request hardware removal of the right tibia is indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Operative report dated 07/20/13

Therapy note dated 08/21/13

Clinical note dated 09/17/13

Therapy progress note dated 08/27/13

Therapy progress note dated 08/28/13

Therapy progress note dated 09/04/13

Therapy progress note dated 09/06/13

Therapy progress note dated 09/09/13

Therapy progress note dated 09/11/13

Therapy progress note dated 09/13/13

Therapy progress note dated 09/20/13

Therapy progress note dated 09/23/13

Therapy progress note dated 09/25/13

Therapy progress note dated 10/02/13

Therapy progress note dated 10/04/13

Therapy progress note dated 10/07/13

Therapy progress note dated 10/09/13

Therapy progress note dated 10/11/13

Therapy progress note dated 10/14/13

Clinical note dated 10/15/13

Clinical note dated 11/12/13

Treatment encounter note dated 10/02/13

Treatment encounter note dated 10/04/13

Treatment encounter note dated 10/07/13

Treatment encounter note dated 10/09/13

Treatment encounter note dated 10/11/13
Treatment encounter note dated 10/14/13
Treatment encounter note dated 10/24/13
Treatment encounter note dated 11/25/13
Adverse determinations dated 11/19/13 & 12/06/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding a right tibial fracture after tripping. The operative report dated 07/20/13 indicates the patient undergoing an intramedullary rodding at the right tibia secondary to the tibial fracture. The therapy evaluation note dated 08/21/13 mentions the patient continuing with 5/10 pain. The patient described a throbbing sensation at the affected area. Upon exam, the patient was able to demonstrate 0-128 degrees of range of motion at the right knee with 3/5 strength. Moderate swelling was noted at the right knee as well. The clinical note dated 09/17/13 mentions the patient utilizing crutches for ambulatory assistance. The patient continued with proximal and medial leg pain which was exacerbated with knee flexion. The therapy note dated 10/14/13 mentions the patient having completed 19 physical therapy sessions to date. The clinical note dated 10/15/13 indicates the patient continuing with complaints of right lower extremity pain. The patient reported the pain was constant. Pain was located at the pes insertion. Mild tenderness was noted upon palpation at the fracture site. The clinical note dated 11/12/13 mentions the patient continuing with pain located at the medial side of the proximal tibia. Minor swelling was noted with intermittent pain. The patient stated that the pain was affecting his activities of daily living. Tenderness was noted at the proximal medial tibia. Range of motion was noted to be good at both the ankle and knee. Pain was also noted at the proximal locking screw site of the implanted rod. The patient was recommended for removal of the 2 proximal screws only.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review elaborates the patient undergoing an intermedullary rod implantation at the right tibia. The hardware removal would be indicated provided the patient meets specific criteria to include complaints of pain at the implanted hardware site. The clinical notes indicate the patient having significant tenderness at the proximal locking screws, specifically at the fracture site. Hardware removal is indicated provided the patient meets specific criteria to include complaints of pain at the implanted hardware site. Given the significant findings indicating the patient complaining of pain at the intermedullary rod screw sites, this request is reasonable. As such, it is the opinion of the reviewer that the request hardware removal of the right tibia is indicated as medically necessary.

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)