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Notice of Independent Review Decision

[Date notice sent to all parties]:

02/25/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: HHC PT rt hip and HHC SNV

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

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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Clinical note dated 10/04/13
Clinical note dated 10/10/13
Clinical note dated 10/18/13
Clinical note dated 11/04/13
Adverse determinations dated 12/31/13 & 01/21/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury on xx/xx/xx when he had a fall with a resultant right hip fracture. The clinical note dated 10/10/13 indicates the patient dependent on adaptive devices and requires assistance to ambulate. The note mentions the patient having a history of arthritis. The patient was also noted to have continued complaints of

joint pain with associated weakness. The note indicates the patient having previously undergone an ORIF at the right hip. The note indicates the patient being at home and in need of therapy with a focus on strengthening and improvement with his gait. The clinical note dated 10/18/13 indicates the patient being home bound. The patient continues to require assistance with ambulation secondary to weakness and safety issues. The clinical note dated 11/04/13 indicates the patient being recommended for home health care to include skilled nursing. The patient is noted to live with his wife. However, she is noted to be wheelchair bound.

The utilization review dated 12/31/13 resulted in a denial for home health care as the number of sessions being requested to include a total of 16 additional sessions on top of the previously rendered 17 sessions exceeded guideline recommendations. The report resulted in a partial approval of a total of 8 home health care sessions.

The utilization review dated 01/21/14 resulted in a denial as no information was submitted confirming the need for home health care.

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

The documentation submitted for review indicates the patient having undergone an ORIF at the right hip after a fall with a resultant fracture. Skilled nursing visits as well as physical therapy within the home setting would be indicated provided the patient meets specific criteria to include the patient noted to have an objective functional improvement through the initial course of treatment. The clinical notes indicate the patient having previously undergone 17 physical therapy sessions to date. However, no information was submitted confirming the patient's significant improvement through the initial course of treatment. Therefore, it would be reasonable to provide the patient with an additional 2 skilled nursing visits. However, given that no information was submitted confirming the patient's objective improvements, the additional request for 16 home health physical therapy visits is not indicated. As such, it is the opinion of this reviewer that 2 skilled nursing visits would be appropriate and medically necessary; however, the additional 16 physical therapy visits are not appropriate or medically indicated at this time.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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. Home health skilled nursing is recommended for wound care or IV antibiotic administration. See the Knee Chapter. Early discharge after hip arthroplasty with home support resulted in re-admission rates less than 1% and high patient satisfaction. (Thomas, 2008) After discharge from postacute care for joint replacement, the vast majority of patients received home rehabilitation, outpatient rehabilitation, or both, with no setting effects related to rehospitalization or medical complications. (DeJong, 2009) See also Skilled nursing facility (SNF).