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IRO Certificate #4599

**Notice of Independent Review Decision**

DATE OF REVIEW: 2/10/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional days of inpatient rehab: LOS: 1/07/05 - 1/14/15; (7 days)

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

Physician Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

<b>Upheld</b>	<b>(Agree) <u>X</u></b>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

male with history of diabetes who was injured (xx/xxxx) at work. He injured his right leg. Imaging showed a comminuted fracture and dislocation of the right ankle. Diagnoses include right trimalleolar fracture, RLE (right lower extremity) laceration, and compartment syndrome. I&D (incision & drainage) faciotomies and closed reduction pilon ankle dislocation and external fixation was performed on 11/27/14. He then had another I&D with wound vac exchange on 11/29/14. Per nursing notes on 12/02/14 he was found on the floor. That day, he underwent a closed reduction percutaneous screw of the medial malleolous with flexible nail right fibula. On 12/04 he had another I&D of the wound and a radial forearm free flap from the left upper extremity.

Most recent PT note from 1/06/15 shows that he is on strict elevation orders for right lower extremity with 10 minutes per hour dangling time. He is able to sit to stand outside parallel bars with supervision while maintaining non-weight bearing status to the right lower extremity. Mr. Herrera had a wound care appointment that morning with instructions for wound care requiring kerlix and ACE bandage from toes to above the knee. Per peer review notes on 1/06/15 the patient was non-ambulatory with strict elevation orders with 10 minutes dangle time per hour, requiring minimal assistance with dressing and requiring assistance for toilet transfer and hygiene. In contrast, per peer review notes and PT notes, he is on SBA (stand by assist) for bed mobility, almost independent with toileting and bathing. He has had 27 days of inpatient rehab as of 1/06/15. The peer review physician stated "a valid rationale as to why remaining rehabilitation cannot be accomplished in the context of a home exercise program along with additional home based treatment, is not specified in the records provided".

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

**Opinion: I agree with the benefit company's decision to deny the request for 7 additional days of inpatient rehabilitation.**

**Rationale:** Per ODG guidelines 10-18 days of SNF or 6-12 days of inpatient rehabilitation is indicated for patients s/p arthroplasty. The patient has a more complex injury than a patient who is s/p arthroplasty. However, the patient has spent 27 days total in an in-patient rehabilitation facility which is far beyond what would be required for a straightforward injury. There are no notes indicating why the additional 7 days of rehabilitation stay is needed. There does not appear to be any need for IV medications, extensive dressing changes, or intense nursing care. The patient is medically stable and although there are some conflicting reports about his true functional status, he does appear to be able to perform most ADL's (activities of daily living) with minimal assistance or supervision. This can be accomplished with a home health service. Without additional documentation about why more days in an in-patient setting is required, it is difficult to approve more days.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X**

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE DESCRIPTION)