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IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
$XX.XX billed charges for XX XX XX on XX

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

REVIEW OUTCOME:

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

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether XX necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX-year-old XX who works as a XX XX XX. On XX, XX was working by a XX at a XX XX, when XX XX was XX into the XX. XX sustained injuries to the XX XX. No loss of consciousness (LOC) was reported.

On XX, XX XX XX was provided to the patient from the XX XX XX to the XX XX. The patient sustained a large XX/XX to the XX XX following the XX accident. At the XX XX XX, the patient received intravenous (IV) fluids, wound dressing, XX via XX XX XX and XX XX mg interstitial and XX mg IV. The history was notable for XX (HTN). The injuries were beyond the scope of the XX XX. XX to the XX XX XX by XX would be more than XX hours versus XX XX XX time of XX

minutes. The time of the call was at XX. The XX arrived at XX and departed from the scene at XX. The XX XX arrived at the XX at XX. On arrival, complete trauma to the XX XX at the level below the XX XX and XX was noted. The wound appeared to be XX-XX cm in length through the muscle tissue. The XX XX Scale (GCS) score was 15. The pain score was 10/10. IV XX and XX were administered. The pain level reduced to 2/10 at XX. The patient was switched to XX XX and maintained throughout the XX. XX dressing use applied XX trauma dressing to the wound and hold pressure. The wound was secured with XX and XX. At XX, the patient was handed over to the trauma bay without any major incident.

On XX, the patient underwent x-rays of the XX at XX for acute pain due to trauma/industrial accident. No acute cardiopulmonary abnormality was noted. A soft tissue laceration was noted to the XX axillary region.

At XX, another XX x-ray was performed after the low XX placement of an XX tube. The study revealed the tip of the XX tube ultimately projected XX cm above the level of the XX in the usual position. The tip of the enteric tube was beyond the field of view with the side-port beyond the XX (XX) junction.

At XX, repeat XX x-rays revealed the XX tube was removed. No additional life support lines were in place. Low XX volume with XX XX XX was noted. No XX was seen. However, the XX view of the XX was limited for that determination.

On XX, a computerized tomography angiogram (CTA) of the XX XX XX (XX) revealed XX XX of the XX XX XX at the level of the proximal XX XX, approximately XX cm in length, seen on series XX image XX and series XX image XX, likely representing XX injury. The level of disruption or XX wall injury was undetermined including XX, much less likely XX. There was re-XX XX seen on series XX image XX. No evidence of contrast extravasation. Extensive XX XX and stranding in the XX axillary region, tracking down the posterior medial aspect of the XX XX from the traumatic laceration. Well-corticated XX fragments inferior to the XX XX XX were consistent with old XX fracture fragments.

On XX, XX XX XX, XX., noted there was obvious XX in the mid XX artery in the XX XX with no XX XX to this. The area appeared to have been entirely XX by the patient's XX XX and was unsuitable for a simple repair. Therefore, a bypass was warranted. XX. XX performed a XX XX to XX XX and XX XX XX (XX) proximal greater XX vein (XX) harvest. The postoperative diagnoses were XX XX to the XX, XX injury to the XX XX artery and XX XX. The XX was XX and there was a palpable XX in the XX artery at the XX.

On XX, XX XX, XX., completed a Utilization Review and denied the request for XX XX XX service carried on XX. Rationale: "*The patient did have a XX XX XX injury which was XX-threatening due to an injury to XX XX XX. The actual XX XX time is taken from the time the XX XX receives the request for transfer to the time the patient physically arrives at the receiving facility. The contention that just the XX XX time was the actual transfer time is not factual, and the time it takes for the XX*

XX to respond is also significant in that the patient is awaiting XX and, therefore, has XX XX XX. The XX XX time was allegedly XX and XX minutes (and is usually less with the XX XX XX XX XX and a XX), which is similar to the TOTAL XX time of XX and XX minutes. In this case, the time difference between XX and XX XX was negligible (XX minutes), and XX XX would have been just as appropriate for the transfer of this XX-threatening XX emergency."

On XX, PHI XX XX, through a correspondence, stated that "PHI does not dispute that the time difference between XX and XX XX was negligible. However, the point is ultimately irrelevant because it ignores the more important question: Could the XX XX have safely transported the patient at all? The record suggests they could not have. The patient was suffering from a XX XX wound. Given that, it was a real possibility that XX condition would become XX unstable and deteriorate mid-XX in such a way that advanced intervention techniques beyond the means of your average XX XX would be required. This risk is exacerbated by the fact that they were so far from the closest appropriate hospital. To that end, it is important to note the level of pain the patient was facing at the time. According to our attached XX XX Record, when our crew arrived and performed their first tests, the patient reported a pain score of 10/10. That pain score, however, was reported after the EMS crew had been treating the patient for some time, including providing XX. The fact that XX injury was so XX as to still be at a 10/10 pain wise after receiving XX, shows two things: That XX was likely suffering from an acute injury and that the EMS crew lacked the means to effectively decrease XX pain. By contrast, once our crew arrived, they provided XX and XX, after which the patient's pain score went down to 4/10, 3/10 and eventually 2/10. It is simply not reasonable to have expected XX XX to XX the patient for over an XX-and-a-XX at 10/10 pain when XX XX, with its more advanced drugs, was available. Finally, insofar as the negligible time difference between XX and XX XX is relevant, it actually corroborates our argument that the XX crew could not handle the patient's injury. EMS crews have a legal and moral obligation to provide the best care possible for their patient. The fact that XX XX was willing to call an XX XX and wait as long as they did, as opposed to just driving the patient themselves, only makes sense if they did not believe they could handle the XX safely. Unless XX has reason to think XX XX's intention was not to act in the best interest of their patient, then PHI sees no reason to question their decision that was made only after evaluating the patient's condition in person."

On XX, XX XX, XX, completed the Reconsideration and denied the request for XX XX XX service carried on XX. Rationale: "*The XX XX time was allegedly XX and XX minutes (and is usually less with the XX XX using red lights and a siren), which is similar to the TOTAL XX time of XX and XX minutes including awaiting the XX XX. While the patient had an injury which was XX-threatening due to an injury to XX XX artery, the time difference between XX and XX XX was negligible (XX minutes), and XX XX would have been just as appropriate for the transfer of this XX-threatening XX emergency."*

On XX, the PHI XX XX requested Independent Review Organization Review for the denied service.

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

The XX XX transportation on xx was medically necessary, appropriate, and consistent with the standard of care. The XX record documentation indicates that this patient suffered a severe xx-XX XX accident and was transferred via XX XX on the date of service due to the need of higher level of care. One of the key factors to consider to determine XX necessity of XX versus XX transportation is the likelihood of significant deterioration with increased travel time. The additional time that would be required for XX transportation may have resulted in permanent XX XX, XX damage, muscle or tissue loss, and other irreversible complications. It is not possible for the care team at the receiving facility to have known the difference in time between XX and XX transportation, factoring in the time of XX XX to the initial facility. The use of XX transportation may have placed the patient at risk for a negative outcome in this case. Therefore, the use of XX XX transportation was appropriate.

References:

☒ Medically Necessary

☐ Not Medically Necessary

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

☒ **PEER REVIEWED NATIONALLY ACCEPTED XX LITERATURE (PROVIDE A DESCRIPTION)**