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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X; Amendment X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

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

REVIEW OUTCOME:

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

- Upheld
- Overtured
- Partially Overtured

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was X. X pelvis was fractured and X urethra. The diagnoses were closed pelvic ring fracture, pelvic ring fracture, urethral injury and status post surgery.

X was admitted on X and discharged on X, note documented by X, AGACNP. X was status post crush injury. X reported a X. X was able to ambulate with assistance, but reported significant pelvic pain since the injury and the inability to urinate. X was hospitalized following a crush injury resulting in X. X was seen by orthopedic surgery and urology during the hospitalization. X was placed on X. X was performed on X. X hospital course included X. X demonstrated functional improvement in mobility and activities of daily living (ADLs) through X. X maintenance were consistently managed. Disposition planning included X. X was discharged to X. Physical examination revealed X. Discharge diagnoses were X. Discharge medications included X.

X was admitted at X from X. X received X. On X, X, PT evaluated X for X. X was in X. X tolerated the treatment well. X was progressing towards goals. X would benefit from X. It was anticipated that X would need X. X was recommended X. X also received X. On X, X was seen by X, COTA / X, OTR. X was found X. X would benefit from X. X was to continue X. On X, X was seen by X, Resident supervised by X, MD. X had no acute events overnight. Vital signs were stable (VSS) and hemodynamically stable (HDS). X was given over last 24 hours for pain. Loose bowel movements X in the morning. X was tolerating X well. Sleep was improved over the weekend. X concerns were at the time. On examination, X. Neurologically, cranial nerves X were grossly intact. No fascial asymmetry. There was no edema or calf tenderness. X noted. Manual muscle testing was X in left lower extremity grossly and X bilateral upper extremities. Functional progress was modified assistance with bed mobility and transfers. Regarding X. Regarding pain management, X would be adjusted as necessary. X for muscle pain was recommended. Regarding bowel / bladder, the plan was to continue to monitor. X were prescribed. For insomnia, X was prescribed on an as needed basis. For DVT X were recommended.

Per the X note for X dated X, X, RN documented that X was admitted to X. X was alert and oriented X and able to communicate needs appropriately. X presented

with an X noted. X performed per physician orders. X cleansed with X. No dressing required per orders. X assessed; X. X appeared stable and secure. X tolerated procedure well. X also had a X. X assessed and draining appropriately with no leakage noted. X was observed; skin was intact with no redness, swelling, drainage, or signs of X noted. Per orders, X was to be changed every X days. X reported last X was completed on X. Next X change due approximately X pending provider orders. Pain assessed; X reported pain related to injury and X. Mobility was significantly limited; patient required assistance with transfers and ambulation. Vital signs were obtained. Medication regimen was reviewed and reconciled. X was educated on X. X was considered homebound due to severe mobility limitations related to external pelvic fixation device, requiring considerable and taxing effort and assistance to leave the home. X tolerated start of care visit well. X to be continued for ongoing assessment, X, X.

On X, X, MD evaluated X for a follow-up on crushing injury, back, tailbone, pelvis, gallbladder and urethra. X had not been working. X was status post surgery. X presented for X. On examination, X was well appearing and well nourished, in no acute distress. X had X. X gait evaluation demonstrated X was in wheelchair. X ambulated with the walker and nonweightbearing on the right. X had significant difficulties with the X of X job.

On X, X, MD evaluated X for physical examination. X-rays were reviewed. X noted X was healing well. X had good X. No X noted. It was noted that the X. X had X more weeks to go to determine if the X. Dr. X noted that they X. X complained of continued pain to the right foot. Dr. X noted that the x-rays were taken upon injury and X were seen. The pain was possibly due to X. X had good range of X. It was informed that physical therapy had been ordered. The plan was to continue X as ordered which included X. It was okay to begin X. X were no longer needed. X was off work. X was at high risk for X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, DO. Rationale: "The proposed treatment consisting of X is not appropriate and medically necessary for this diagnosis and clinical findings. The Official Disability Guidelines state that X is recommended up to X. X is indicated

when the patient X. In this case, the claimant sustained X. They were X. A request was submitted for X. However, the request exceeds the recommended number of visits per guidelines. Although goals for X were documented, review of the submitted records does X. As such, the request for X is non-certified.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, DO. Rationale: “The proposed treatment consisting of X is not appropriate and medically necessary for this diagnosis and clinical findings. The Official Disability Guidelines state that X. X is indicated when the patient requires X. In this case, the claimant sustained X. They were discharged on X. They demonstrated functional improvement in X. They were discharged to X. Anticipated discharge date was on X. While admission to X is appropriate given injuries sustained and surgeries conducted, the request for X. There remain no documented significant functional improvements from prior rehab stay to support the request exceeding the guidelines. As such, the request for X.”

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

Based on the available records the claimant was making progress with the X. Based on the medical complexity an alternative setting such as X. The claimant was progressing in the X. While their recovery exceeded the cited ODG timeframes, the cited criteria are not specific to the complex injury involving X is appropriate in this case. Therefore, the request for X is medically necessary and the prior determination is overturned.

Overtured.

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**

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- PRESLEY 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)**