

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: June 8, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase of lift chair and hospital bed (queen) with half rails.

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

Diplomate, American Board

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the URA include:

- Texas Department of Insurance, 05/22/07
- 06/05/00
- Associates, M.D., 09/08/00, 10/24/00, 11/27/00, 01/09/01, 01/22/01, 03/13/01, 06/01/01, 08/30/01, 11/13/01, 01/25/02, 04/26/02, 07/28/02, 11/01/02, 01/31/03, 05/06/03, 08/08/03, 12/12/03, 05/07/04, 09/27/04, 10/05/04, 02/11/05, 08/19/05, 09/14/06, 10/07/06, 02/21/07, 04/09/07
- Ins. Co., 03/19/07
- 04/06/07, 04/25/07,
- 04/18/07

Medical records from the Requestor include:

- Hospital –, 06/14/99, 06/05/00, 06/14/00, 09/14/06
- 01/25/02
- Associates, M.D., 05/07/04, 09/27/04, 02/11/05, 08/19/05, 09/14/06, 04/09/07

PATIENT CLINICAL HISTORY:

The records indicate that the patient has had multiple previous surgical procedures on her lumbar spine for spinal stenosis.

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There was complication of a displaced interbody fusion cage with revision surgery and reposition of the cage on xx/xx/xx. This appears to be the last surgery that the patient has undergone.

The patient followed up with, M.D. A CT scan in 2001 disclosed good positioning of all hardware. By August 30, 2001, the patient continued to have back and leg pain. An MRI demonstrated an incomplete fusion.

By November of 2001, the fusion appeared to be progressing. A CT scan subsequently disclosed a possible pseudoarthrosis at L5. Pain medications were prescribed.

By xx/xx/xx, there were essentially no changes.

The patient was evaluated by Dr. in xx/xx/xx, and was rear ended in a car accident just prior to the visit. The back symptoms were unchanged. Darvocet was again prescribed.

In xx/xx/xx, the patient was “getting along reasonably well.” She fractured her humerus in 2003.

On xx/xx/xx, the patient fell at home. Her knee gave out and she fell fracturing the eleventh rib. X-rays of the lumbar spine at that time revealed no abnormalities. Subsequent to that fall, Dr. wrote a prescription for a hospital bed for fractured ribs.

In 2005, Dr. wrote a letter in which Dr. recommended a hospital bed to help the patient “get a good night’s sleep and keep her working.”

The final entry into the medical record is dated xx/xx/xx. Dr. note from 2007 states as follows: “We have recommended that she be provided a hospital bed and a lifting chair because of the severe osteoarthritis in her knees, and that she has a great deal of difficulty getting out of bed and out of her chair.”

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

It is my opinion that the hospital bed and lift chair are not reasonable or necessary. ODG Guidelines provide no basis for the use of a hospital bed or lift chair.

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
- 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)