mcmc
managing care. managing claims.
88 Black Falcon Avenue, Suite 353 Boston, MA 02210 (T) 800-227-1464 (F) 617-375-7777

DATE OF REVIEW:
05/04/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Extension of recliner use to 04/21/2007.

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

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.
The extension of recliner use to 04/21/2007 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- Case Report dated 04/24/07
- MCMC Referral dated 04/24/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 04/23/07 from
- DWC: Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 04/23/07 from
- DWC: Confirmation Of Receipt Of a Request For a Review dated 04/13/07
- SRS: Letter dated 04/11/07 from, RN
- LHL009: Request For a Review By An Independent Review Organization dated 03/26/07
- SRS: Letter dated 03/19/07 from, RN
- RSVP: Fax Cover Sheet dated 03/14/07 with note from
- Specialty Associates: Prescription note dated 03/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:
The injured individual had a pelvic fracture. He had a recliner during the healing of the fracture. He is now ambulating with a cane with a healed fracture.

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

88 Black Falcon Avenue, Suite 353 Boston, MA 02210 (T) 800-227-1464 (F) 617-375-7777

The injured individual is ambulatory and has a healed pelvic fracture. The request for comfort and sleep is not medically necessary. There is no clinical indication for the recliner. Therefore, it is not medically necessary. There is no peer review literature indicating that a recliner is medically necessary at this point with the fracture healed.

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

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
Orthopaedic Knowledge Update: Trauma