

Applied Resolutions LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: June 26, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Assisted Living for 3 months between 5/27/08 and 7/11/08

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

M.D., Board Certified in Physical Medicine and Rehabilitation

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)

Upon independent review the reviewer finds that the requested Assisted Living for 3 months between 5/27/08 and 7/11/08 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 5/27/08, 6/3/08
ODG Guidelines and Treatment Guidelines
Appeal Request 6/2/08
Psychotherapy Progress Report 5/9/08
Neurophysical Evaluation 3/14/08 and Report 4/2/08
Residential Conference Summary 5/8/08, 4/9/08
, MD 1/21/08, 11/16/07, 9/24/07, 5/7/07, 2/28/07
Physician Progress Notes 5/5/08, 4/7/08, 1/16/08, 12/12/07, 11/14/07, 10/16/07, 9/11/07, 8/14/07,
7/9/07, 6/5/07, 5/8/07, 4/24/07, 3/12/07

Lab Work 12/10/07
MMPI-2 11/30/07
Agreement 5/8/07
, MD Letter to IRO 6/20/08
, MD 5/15/08, 4/17/08, 3/19/08, 3/13/08, 2/5/08, 12/6/07, 11/26/07, 11/20/07, 11/19/07, 11/12/07,
11/6/07, 10/18/07, 9/25/07, 9/20/07, 9/10/07, 8/27/07, 8/20/07, 7/19/07, 6/26/07, 5/24/07, 4/16/07,
2/15/07, 1/4/07, 12/28/06, 11/2/06
Peer Review Reports , DO and , MD
, MD Appeal 6/2/08

PATIENT CLINICAL HISTORY [SUMMARY]:

It is noted that on May 27 a request for three months in an assisted living center was not certified as the injured employee was independent with the activities of daily living. This was appealed and again the request was not certified.

Subsequent to this the requesting provider, Dr. noted that the injured employee was in an assisted living center for several months, yet needed to continue in the same setting. This was reportedly endorsed by Dr. and , Ph.D. It was noted in the psych assessment that many gains were made in terms of the issues identified at the time of the initial entry into the assisted living center. No additional testing to support the assessments was noted to be reported.

The neuropsychological assessment was completed upon the initial entry into the assisted living center. That assessment noted the need for a permanent assisted living center.

A May 8, 2008 client conference noted a 91.63 on the independent living scale, 28.67 out of 30 on the behavior scale and 55.20 out of 61 on the activities of daily living scale. It was noted that the injured employee could complete self care independently, and medications were done under supervision. It was noted that under supervision the injured employee could prepare and cook his meals and complete laundry. The testing and scoring were reviewed.

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

Upon independent review of the provided medical records, ODG Guidelines and other texts of rehabilitation, this reviewer finds that the requested Assisted Living for 3 months between 5/27/08 and 7/11/08 is not medically necessary. With any therapy there is to be a reasonable expectation of success. In this case, the claimant has come far in resolving the issues that are a result of the injury sustained. The May note indicates that the scoring is high relative to the outcome, that he can self care and accomplish tasks around the house and that the only issue is that the claimant leaves the premises at untoward times. It is noted that the family wants the claimant to return home and there is no objectification why the needs cannot be met in the home environment. The ODG does not address this issue specifically and I referred to several texts of rehabilitation, including Krusen's Handbook of Physical Medicine and Rehabilitation, and this request is not supported in light of the skills demonstrated.

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
KRUSEN'S HANDBOOK OF PHYSICAL MEDICINE AND REHABILITATION
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)