



Southwestern Forensic
Associates, Inc.

Amended June 4, 2008

DATE OF REVIEW: 05/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Home healthcare.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Board Certified in Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed a note from Dr. dated February 5, 2008. His impression was “paraplegia secondary to a vertebral fracture.” Sustained a T12 burst fracture at work. At that time, he was performing his transfers with left difficulty and taking a few steps using a rolling walker.
2. I reviewed a February 25, 2008 note from the same doctor with the same diagnosis. He was having difficulty performing his transfers and ambulating because of a bilateral foot drop. A bilateral ankle-foot orthosis prescription was provided.
3. There was a request for a home health aide as of April 10, 2008 from Dr.
4. I reviewed an April 22, 2008 note from Dr.. He was seen with his wife, who was his caregiver at the time. He was receiving outpatient therapy and able to ambulate 100 feet with a rolling walker. He needs a close contact guard for supine-to-sit and sit-to-stand transfers and for ambulation. He is unable to ambulate by himself and needs somebody to hold him for all his transfers and ambulation. He has been using bilateral ankle-foot orthosis which has facilitated his gait but he still requires somebody to help him for all of his transfers and ambulation. He needs help for all of his activities of daily living, including changing of diapers, dressing the lower

extremities, grooming, ambulating using a walker, to don and doff his orthosis, to use a Foley catheter, and manage the ulcer on his right foot. He is using a manual wheelchair.

5. I reviewed a report from Dr. dated May 1, 2008.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a xx-year-old male who sustained an industrial injury on xx/xx/xx , consisting of a burst fracture at T12, resulting in T12 paraplegia. This left him incontinent of bladder and bowel and with functional limitations with respect to use of his lower extremities and bilateral foot drop requiring ankle-foot orthosis. He has difficulty with transfers and is still requiring contact guard for ambulation and transfers. His physician indicates that he has difficulty donning and doffing his ankle-foot orthosis, which is understandable, given the level of his injury. It is not clear, however, why he is having difficulties with his catheter since the T12 injury does not involve his upper extremities. Similarly, it is unclear as to why he would require help with grooming, since, again, this is an upper extremity function. He has apparently developed an ulcer on his toe for which he is going to require dressing changes.

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

Based on the level of injury, I think he is going to require some day-to-day assistance at least in the near term. The home health aide request is reasonable for the following reasons: As a T12 paraplegic, he is unable to bring his foot up to properly manage the ulcer on his foot. It would also be difficult for him to position his legs to independently don and doff his AFO devices, although it is not clear why he is having the difficulty he has with transfers and walking; nonetheless, his attending physician has indicated he needs contact guard for both ambulation with a walker and for transfers. This will hopefully improve as time goes on, but presently, that creates a risk for fall. Although, as indicated before, I do not see a reason why he requires help for grooming or for use of his catheter, the other issues raised do find support. A 6-hour per day home health aide while his wife is not home is, I believe, a reasonable request for the short term, which should be revisited again in 60 days, as he will hopefully have improved and learned more compensatory strategies to deal with his functional deficits. Most individuals with his level of injury are able to use their upper body strength to accomplish their transfers in a safe manner, as well as catheterize themselves. The need for assistance with changing of diapers should improve as his back to bowel re-training program develops. If he remains unsafe and ambulates with a walker, it may be a safer strategy for him to rely on the wheelchair.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)