

## **I-Resolutions Inc.**

*An Independent Review Organization*

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### Notice of Independent Review Decision

**DATE OF REVIEW: MAY 21, 2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

**Home Hemodialysis**

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

MD, Board-certified Internal Medicine.

**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)

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 reviewer finds that there is medical necessity for home hemodialysis.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 4/25/08, 5/2/08

Letter to IRO, 5/5/08

Case Event Summary, 3/31/08-5/2/08

Brochure on "Freedom" System One

Renal Clinic of Houston, Dr. Progress Notes, 4/25/08, 3/28/08, 9/26/07, 7/25/07, 8/22/07, 6/28/07  
Lab Results, 4/15/08, 3/19/08, 3/5/08, 2/6/08, 1/20/08, 11/27/07, 8/17/07  
Medical Center, 8/9/07, 8/7/07, 8/6/07, 8/4/07, 7/31/07, 7/11/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient has a history of end-stage renal disease (ESRD) and has required hemodialysis for approximately ten months. The records state that the patient is able to work five days per week. His physician evaluations and laboratory testing indicate adequate dialysis.

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

The reviewer finds that there is medical necessity for home hemodialysis for this patient in order to treat his ESRD. The reviewer finds that there are numerous benefits to this modality. Blood pressure control is achieved with less medication. The incidence of intradialytic hypotension is lessened. There is also limited evidence that cardiovascular disease burden is decreased. Whether a patient is homebound or not is irrelevant to the medical necessity of home hemodialysis. Therefore, there is no contraindication to this patient performing home hemodialysis.

**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)**