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Notice of Independent Review Decision

DATE OF REVIEW: April 9, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Home modification: Concrete ramps and sidewalks from back of house to driveway.

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

Diplomate, American Board of Internal Medicine; American College of Occupational and Environmental 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the URA include:

PATIENT CLINICAL HISTORY:

The patient is a with a traumatic right lower limb injury on xx/xx/xx. He subsequently underwent a right below-the-knee amputation on April 4, 2008, and was fitted with a

prosthesis. He required revision of the right BKA on October 14, 2008, and then was again refitted with a prosthesis. He has had rehabilitation and therapy post BKA revision. Multiple recommendations have been made for modifying the home, including changes with regard to the master bath, hall bath, and installation of concrete ramps and sidewalks.

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

I do not find evidence to support the specific need for concrete ramps and sidewalks from the back of the house to the driveway. In my opinion, based on the available medical records, there has been no adequate explanation other than to indicate that a ramp to the back patio was necessary for an emergency evacuation. There is no indication in the medical records that the patient cannot adequately ambulate with his prosthetic leg to get in and out of either the front door or the back door of his house. No one describes the actual access sites to the home or explains how they keep him from entering or exiting his domicile safely. There is no assessment from physical therapy to indicate that the patient is not capable of walking up steps or stairs to indicate the need for ramps. There is no indication that the patient needs a wheelchair or requires a wheelchair for transport secondary to his inability to ambulate because of difficulty with his prosthesis. Without establishing any of the specific functional needs for the concrete ramps and sidewalks other than the need for emergency evacuation, support for installation of these concrete ramps and sidewalks as a functional necessity cannot be recommended.

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)**