

# True Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/12/2009

**IRO CASE #:**

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

Spa Shower Tub

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

**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**

OD Guidelines

Denial Letters 6/11/09 and 7/9/09

Dr. 1/22/09 thru 7/2/09

**PATIENT CLINICAL HISTORY SUMMARY**

xx-year-old man injured in xxxx. He sustained a severe traumatic brain injury with basilar skull fractures and intracerebral hemorrhage, intraventricular hemorrhage and communicating hydrocephalus. He has a residual left hemiparesis and bilateral brachial plexi injuries and dysphasia. He improved with cognition. He has difficulty walking and relies on a scooter. He has chronic pain. Dr. advised on his notes from 1/22/09- 7/2/09 that he use hot water tub for muscle relaxation and stretching.

The spa was previously denied as a luxury item without medical necessity. A prior review discussed a knee contracture (10degrees). He did walk with a flexed knee. Dr. wrote on 6/1 and 6/25 that this man had several prior falls with rib fractures getting in and out of the tub. He advised the spa for comfort for his painful muscles. The model, he wrote, had access via a door. The advertising material described the whirlpool jets and the door access with grab bars.

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

The ODG does not address this specific technology. The injury that this man sustained is one of those catastrophic injuries that are managed by life planners. Although most are nurses, there are some physicians also involved in the care. The Reviewer did not see that the reviewer nurse had expertise in these fields. The decision for the appropriate technology, and the bath unit is a form of technology, has to be made on a case-by-case basis. The Reviewer suspects that the word spa can be misleading and implies a luxury treatment. If the High Boy is described as a handicapped accessible bathing facility, it could possibly pass muster. There is information necessary for a decision that is not provided. The Reviewer is not aware if there is an accessible shower stall that could accommodate a shower chair, grab bars and a hand held shower jet (for the massage). This would have a low step as described in the brochure. Both use shower doors for entering and minimize the falls described. The High Boy would still have the water jets.

Answering this question requires knowledge of the current home structure. Is there a shower stall large enough to allow a chair or not. If there is one present, then there is no need for this device. If not, then the installation of either bathing/shower device would be appropriate. Costs for construction and home modification would then need to be considered.

Without clarification of the home situation, the Reviewer cannot provide authorization for the device.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)