



RYCO
MedReview

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Notice of Independent Review Decision

DATE OF REVIEW: 02/02/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 Months of Home Health Care between 12/20/2008 and 12/20/2009

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

Licensed in Physical Medicine & 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)

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.

12 Months of Home Health Care between 12/20/2008 and 12/20/2009 - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MRI of the brain, Unknown Provider, Medical Center, 06/21/06
- History & Physical, M.D., 11/02/06
- Designated Doctor Evaluation, M.D., 05/07/07

- DWC-69, Dr. 05/07/07
- Letters from Dr. 07/19/07, 09/25/08, 12/10/08, 12/29/08, 01/05/09
- Conference Summary, LMSW, CCM, CBIS, 08/22/07
- MRI of the brain without contrast, Unknown Provider, Imaging, 09/07/07
- Neuropsychological Evaluation, Ph.D., 04/02/08
- Expedited Appeal Request, M.D., 06/02/08
- Statement of Attending Physician, Dr. 06/24/08
- Letters from Attorney, 10/21/08, 11/20/08, 12/18/08, 01/09/09
- Peer Review Report, M.D., 12/23/08
- Adverse Determination Letters, 12/24/08, 01/08/09
- Letter from M.D., 01/05/09
- Peer Review Report, M.D., 01/08/09
- Notice to URA of Assignment of IRO, 01/12/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained a severe closed head injury to his head on xx/xx/xx. Multiple MRI's were performed and a Designated Doctor Evaluation was performed, in which the patient was awarded a total body impairment of 81%.

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

The patient sustained a severe closed head injury. The records that are available for review document that an MRI of the brain was accomplished on 06/21/06. This study disclosed findings consistent with multifocal encephalomalacia that involved the bifrontal, biparietal, and bilateral anterior temporal and right occipital lobes compatible with a prior traumatic brain injury.

A medical document dated 11/02/06 by Dr. indicated that the patient was with marked difficulties as it related to behavioral dysfunction as well as cognitive dysfunction.

The records document that the patient received access to treatment at the Centre commencing in August of 2007 through at least May of 2008.

A medical document from the Centre dated 05/08/2008 notes that the patient was capable of ambulating with a single-point cane. However, he did require standby assistance as well as supervision for gait activities. It was documented that the patient was very impulsive. It was also noted that when the patient became overstimulated, the patient was at risk for agitation. It was also noted that given the patient's severe traumatic brain injury, the patient was at risk for dementia.

A neuropsychological evaluation was conducted on 04/02/08. This evaluation was notable for the fact that when records were reviewed, it was documented that the patient

was with multiple medical conditions referable to his injury which included not only a traumatic brain injury but also a left wrist fracture, an L2 compression fracture, as well as a documented history of respiratory failure. Additionally, the patient reportedly required placement of a percutaneous gastrostomy tube after the traumatic brain injury occurred. This neuropsychological evaluation was notable for the fact that the patient was with a full scale IQ of 73, which was in the 4th percentile. The neurological assessment also indicated that the patient was with defective abilities with respect to following simple commands and was actually in the 2nd percentile with respect to this area of cognitive testing. It was documented that the patient perseverated a great deal. The neuropsychological evaluation revealed that the patient was with findings worrisome for an acquired dementia secondary to the history of the traumatic brain injury and this dementia was graded as moderate to severe in nature. It was documented that there appeared to be a significant decline in cognitive functioning compared to premorbid levels. It was documented that the patient did not appear to be able to independently function in the environment. It was felt that the patient was with significant residual cognitive and neuropsychiatric problems. It was felt that the patient would require permanent placement in a residential treatment program.

This case is an extremely complicated case. Truly, there are no specific guidelines to follow for the described medical situation. However, in this physician's opinion, it would be considered of medical necessity for the patient to have 24-hour supervision.

The need for an aide would be considered medical maintenance care, in this physician's opinion, as it is likely to anticipate that over time, the patient is at risk for a progressive decline in his cognitive abilities. The records available for review document that presently the patient is significantly impaired.

If the patient is to be maintained in a home setting then, in this physician's opinion, there must be access to a home health aide to be available for the patient for the times when the patient's spouse is not available to supervise the patient.

The opinions expressed above are based upon this physician's past experience of providing care to patients with a similar situation.

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)**