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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/18/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Purchase Hoverround Wheelchair and Wheelchair Lift

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 12/11/08, 12/22/08
Medical Associates, 11/17/08, 10/24/08, 12/5/08, 8/18/08

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year old woman who was injured in xx/xx/xx. Apparently she fell on her back while using a wrench. She subsequently underwent multiple back operations. She had a fusion from L4 to S1, but the L5/S1 component apparently did not fuse. Records indicate that she has a pain (morphine) pump and oral opiates. She apparently is confined to a wheelchair. Her husband has also had multiple back operations and cannot assist her.

Dr., MD wrote on 11/17/08 that the claimant has "great difficulty with the usage of her wheelchair..." He made a similar comment in his 10/24/08 note. He described sensory loss, SI pain, but generally normal muscle strength and no weakness.

Dr. noted on 12/5/08 that "she is generally immobile, often relying on crutches and/or a wheelchair..." He later wrote "It is noteworthy while the patient is clearly clinically deconditioned, as I moved thorough resistance testing, she does not actually exhibit weakness on resistant knee flexion or extension, nor on resisted movement about the ankle

including dorsiflexion, plantarflexion, inversion and eversion....She continues to be normoreflexic at the knees bilaterally, though she has diminished right knee reflex on the right compared to a normal one in the left.”

The prior 8/18/08 note suggests that the difference reflexes were related to the ankle and that the knee reflexes remained symmetrical. He also commented upon a Dr. assessment for a housekeeper on 6/10/08.

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

The records indicate this claimant has had multiple failed back operations and a personality disorder. The request for the powered mobility device, Hoverround being a brand from Florida, is based on her reported impaired quality of life and her husband being unable to help her due to his own medical issues. The records indicate the claimant was relying on crutches and a wheelchair in December 2008.

Dr. wrote that she has “great difficulty with the usage of her wheelchair,” but the records do not explain if the claimant has trouble sitting, positioning, or propelling it. There were no medical records that indicated the claimant has underlying cardiac or pulmonary problems or hand problems or upper extremity problems to preclude the use of a regular wheelchair. The ODG states “if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care.” The request is not justified by the guidelines. Without the approval of the Hoverround, then there is no justification for the chair lift. The reviewer finds that medical necessity does not exist for Purchase Hoverround Wheelchair and Wheelchair Lift.

Power mobility devices (PMDs)

Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. (CMS, 2006) Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care.

Centers for Medicare & Medicaid Services (CMS). Medicare Coverage of Power Mobility Devices (PMDs). April 2006

Wheelchairs (both manual and power), scooters, canes, and walkers are all examples of Mobility Assistive Equipment (MAE). Recently, considerable public interest has focused on the provision of wheelchairs under the Medicare benefit. In particular, attention has focused on Medicare coverage decisions regarding beneficiary access to and the appropriate prescription of power wheelchairs and Power Operated Vehicles (POVs or scooters). These devices are now collectively referred to as Power Mobility Devices (PMDs). The Centers for Medicare & Medicaid Services (CMS) has responded with a multi-faceted plan to ensure the appropriate prescription of wheelchairs to beneficiaries who need them. Early last year, through the National Coverage Determination (NCD) process, CMS issued new function-based criteria for MAE, an algorithmic process called the Clinical Criteria for MAE Coverage, to replace the previously used “bed- or chair-confined” standard, which had restricted access to needed equipment for some beneficiaries. CMS believes this new criteria will help physicians and treating practitioners, as well as suppliers, to better meet beneficiary needs.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION: Centers for Medicare & Medicaid Services (CMS). Medicare Coverage of Power Mobility Devices (PMDs). April 2006