

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/29/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Portable Oxygen E1390/E0431

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 6/12/09, 7/2/09
Medical Center, 6/18/09, 7/8/09, 6/18/09
MD, 6/5/09
Radiology, 6/7/09
Health Center, 6/9/09, 6/5/09
CT Brain, 6/5/09
History and Physical, 6/9/09, 6/5/09
Rib Fractures, 6/6/09
CT Lumbar Spine, 6/5/09

PATIENT CLINICAL HISTORY SUMMARY

This patient sustained a blunt trauma to the chest and abdomen, resulting in multiple rib fractures and a liver laceration. He was treated conservatively and discharged with a prescription for home oxygen. He smokes 1-2 packs of cigarettes per day. The records provided do not document a room air pulse oximetry reading or arterial blood gas measurements.

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

The patient sustained a blunt chest trauma. He is a heavy smoker. The records provided do not document a room-air pulse oximetry or measurement of arterial blood gases. Supplemental oxygen therapy is indicated in the outpatient setting for patients with PaO₂ ≤ 55mmHg or SaO₂ ≤ 88%. Since these criteria are not met, the use of oxygen is not indicated. The reviewer finds that medical necessity does not exist for Portable Oxygen E1390/E0431.

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)