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DATE OF REVIEW: 11/23/09

IRO CASE #:

Description of the Service or Services In Dispute
ODG home health Aide

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

Physician Board certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters, 10/30/09, 10/14/09
Office notes /08 – 10/09, Dr.
Visit report 10/7/09
Report bone scan 11/20/08
Ct scan ankle report 11/11/08

ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in xxxx fell off a ladder, fracturing his left calcaneus. He underwent an open reduction with internal fixation. His post-operative course was complicated due to his diabetes. He went on to undergo a left below-the-knee amputation in 2006. He then injured his right ankle in a 2008 fall, due to instability in his prosthesis. He underwent open reduction and internal fixation to the right distal tibial fracture at the ankle. The post-operative course was complicated by charot changes in the right ankle and foot. On the last note, dated 10/19/09, he had a sore in the left popliteal fossa. He continued to wear a brace on the right foot, and denied any pain. Prescriptions were given for a sock and antibiotic ointment. His doctor stated that he was unable to work and was disabled, and in need of continued home health care.

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

I agree with the decision to deny the requested home health care services. The patient is reported to ambulate with cane assistance without pain. The home health care has not been requested for

medical reasons, but for assistance with ADLs and housekeeping. No documentation was submitted for this review explaining why the patient is unable to perform activities of daily living without an aide. There was no evaluation by a therapist describing the patient's deficiencies. Evaluation by a physical or occupational therapist and a home evaluation may help reach conclusions as to how the patient can live independently.

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)**