

SENT VIA EMAIL OR FAX ON
Apr/05/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Home Modifications to the following: Environmental Controls, driveway, bathroom, kitchen, computer room and desk, ceiling lift, exercise area, and a generator

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

Medical physician with board certification in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics.

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 12/11/09 and 11/17/09
12/3/09 thru 12/24/09
Dr. 2/4/10
2/4/10

PATIENT CLINICAL HISTORY SUMMARY

This man fell 35 feet in xxxx resulting in a C5 ASIA A spinal cord injury. He has neurogenic bowel and bladder. He lives in a one level home with his wife who is the primary care giver. The home is wheelchair accessible. He is modified independent in use of the power wheelchair. He is independent in feeding and upper extremity dressing. He needs assist with lower extremity dressing, bathing and toileting. The IRO reviewer has reviewed the exact home modifications being requested as outlined by DO.

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

This injured worker has a C5 ASIA A spinal cord injury with neurogenic bowel and bladder and has had extensive decubiti with infection. Medicare guidelines for home repair are limited to durable medical equipment. The request from this injured worker is for home remodeling and adaptation, which is not supported by the Medicare guidelines. It is not addressed in the ODG guidelines. The medical record does not show medical necessity for home modifications to the bathroom, kitchen, computer room and desk, ceiling lift, generator, exercise area, environmental controls or driveway. Therefore, the request is not medically necessary.

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)