

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

hospital bed

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

OD Guidelines

10/20/10, 11/3/10

M.D. 3/25/10 - 10/26/10

Health Center 7/11/05

PATIENT CLINICAL HISTORY SUMMARY

This lady sustained a traumatic C7 injury in xxxx followed by a cervical fusion. She received a hospital bed. She apparently received a new mattress in 5/10. And there is now a request for a new hospital bed. The 3/25 prescription state the need was for hospital bed mattress to prevent pressure sores while sleeping. The 10/5/10 Rx is for New Hospital bed and Mattress.

The 10/26/10 note of necessity stated "She is being referred to a DME Co. to replace her current Hospital Bed. A special mattress to prevent pressure sores was recently replaced. The bed is needed to assist in positioning to prevent progression of current pressure sore." It was to be accompanied by the 10/21/10 note. I do not have such a note. The 8/24/10 note

discusses SI pain and a wheelchair locking system. There are no comments about pressure sores. The 10/12/10 note of medical necessity states that she needs the bed for positioning to prevent pressure sores.

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

I am unclear, does she have or does she not currently have a pressure sore?

The key point however is why does she need a new bed when she just received a new mattress 5 months ago? She had a hospital bed since 2005. Is it no longer working? Does the mattress not fit? This vital information is not provided.

Medicare will cover a hospital bed when the person has problems with the “change body positions in ways not possible with a normal bed...” This would qualify for the hospital bed, but she reportedly already has one. I lean towards approving the hospital bed when the reason why the old one can not be used is clarified. This was not done in the records provided. Dr. may have included this in his 10/21/10 note, but I did not receive it.

<http://www.medicare.gov/coverage/Search/Results.asp?State=AL|Alabama&Coverage=24|Hospital%20Bed>

Medicare covers a hospital bed when the patient cannot use a normal bed because he/she needs to:

- change body positions in ways not possible with a normal bed, or
- be in body positions not possible with a normal bed in order to relieve pain, or
- have the head of the bed higher than 30 degrees most of the time due to illnesses such as congestive heart failure, chronic pulmonary disease, and others, or
- use traction equipment that must be attached to a hospital bed

These criteria are the basic coverage criteria for hospital beds. There are several different kinds of beds and each has additional requirements. Your treating doctor and/or your supplier can provide more detailed coverage criteria for those items.

An order (prescription) must be on file with the supplier. It must be signed and dated by the treating doctor.

A Certificate of Medical Necessity must be completed, signed, and dated by the treating doctor.

Make sure your supplier is enrolled in Medicare and has a Medicare supplier number. Suppliers have to meet strict standards to qualify for a Medicare supplier number. Medicare won't pay your claim if your supplier doesn't have a number, even if your supplier is a large chain or department store that sells more than just durable medical equipment (DME).

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)