

SENT VIA EMAIL OR FAX ON  
Jun/05/2010

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/05/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

DMEA active care Osprey 4 wheel heavy duty scooter

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

Chiropractor

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

**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 4/16/10 and 4/27/10

Clinic 11/24/09 thru 5/18/10

Dr. 12/16/09 thru 4/6/10

Ortho Associates 12/1/09

Diagnostic Clinic 11/2/09

MRI 10/29/09

Shoulder Exam 10/7/09

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee was involved in an occupational injury when he stumbled and fell to the ground. Fire Department EMS records indicate dislocation of the right shoulder and transport to local ER. The injured employee was seen in the ER where there was a right shoulder dislocation, decreased sensation to the feet and left foot drop. The injured employee underwent an MRI of the lumbar spine, EMG/NCV of the lower extremities, physical therapy, FCE, and medication. EMG/NCV report dated 12-16-09 indicated NR (No Response) on NCV for right and left sural, right and left posterior tibial, right and left tibial, right and left peroneal f-waves, left peroneal, right peroneal with abnormal NCV findings. NCV across the knee or fibular head does not appear to have been performed. Dr. the treating physicians closed his office and Dr. was authorized as current treating physician. There does not appear to be any

indication or records of an MRI or X-rays of the left knee; however, there is past medical history of right knee surgery. The injured employee has a left foot drop as indicated on the ER visit the day of the injury. Dr. is now requesting a Heavy Duty Power Wheelchair.

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

Medical records submitted do not provide medical necessity to go outside the Guidelines for a Power Mobility Device (DMEA Active Care Osprey 4 Wheel Heavy Duty Scooter). The injured worker has been fitted with orthosis and is using a cane. A manual wheelchair has not been evaluated. ODG does not recommend a PMD if functional mobility deficit can be sufficiently resolved with a cane or walker.

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. ( <a href="#">CMS, 2006</a> ) 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. See also <a href="#">Immobilization</a> .
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**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)