MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: February 25, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Life Fone Purchase Services (Per the doctor, this service is need for lifetime)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI

- Utilization Reviews (10/08/09, 12/23/09)

- Office visits (08/25/09 – 01/03/10)
- Therapy (12/14/09 – 12/17/09)

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- Therapy (12/14/09 – 12/17/09)
- Miscellaneous (11/13/09 – 01/13/10)

Dr.

- Office Visits (12/09/09)
- Miscellaneous (02/23/10)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a who as a was observing a xxxx on xx/xx/xx. When he pulled back onto the interstate, he was broad-sided by an 18 wheeler. The accident reportedly caused a shearing near the brainstem and traumatic brain injury.

In August 2009, Ph.D., evaluated the patient for a pre-surgical psychological evaluation for the proposed intrathecal pump trial. He noted the following treatment history: *Following the accident, the patient was care-flighted to and was treated in the intensity care unit (ICU) for a month. He was then transferred to inpatient and eventually to outpatient rehab. The accident reportedly caused a shearing near the brainstem and a traumatic brain injury. The patient had extensive pain management including pain medications, injections, previous spinal cord stimulator (SCS) trial and implant and subsequent removal. He developed tolerance to medications and over the course of four years the stimulator stopped helping. He also had extensive neuropsychological evaluations and cognitive retraining and physical rehabilitation.* Dr. noted the patient had problems with walking and had fallen on a number of occasions leading him to use a cane and electric wheelchair on occasion. He assessed traumatic brain injury, central nerve pain, complex regional pain syndrome (CRPS) and significantly high chronic pain. He stated the patient was fit for a medication pump trial and implant.

On October 8, 2009, M.D., denied the request for Life Fone purchase with the following rationale: "*The case was reviewed with the doctor's assistant,. Based upon the documentation presently available for review, medical necessity for this specific request is not established. The submitted documentation does not provide any specific indication to support a medical necessity for the requested piece of durable medical equipment (DME), and the treating physician's office was not able to provide any additional information to justify the requested piece of DME to be of medical necessity. As a result, presently, this specific request would not appear to be of medical necessity."*

On November 13, 2009, M.D., submitted a second request for Life Fone.

On December 9, 2009, Dr. noted the following treatment history: *During hospitalization the patient had multiple procedures including ventroperitoneal shunt and also respiratory failure with use of ventilation. He was diagnosed with right and left brachial plexus injury, bilateral spinal accessory nerve impairment, vision loss from bilateral sixth nerve palsy with resultant visual deficit including diplopia/esotropia/strabismus, left clavicle fracture, left pubic rami fracture, right pneumothorax, right rib fractures number two, three, and four, fracture of the base of skull with right parietal subarachnoid hemorrhage with significant intraventricular bleeding and communicating hydrocephalus in addition to involvement of the brainstem with hemorrhage and dysphasia. His impairment was 95% as of September 27, 2001. Treatment included rehabilitation, Botox injection to correct his strabismus, intermittent PT, placement of SCS. Complications during treatment over the years were related to left hemiparesis, severe central pain, depression, severe fatigue, lack of being able to establish a sleep to wake cycle, endocrine abnormalities (including decline in his testosterone levels and hypothyroidism), psychiatric admissions with manic episodes, multiple joint complaints, with a negative workup performed by rheumatology, neurogenic bladder with intermittent catheterization, urinary tract infections, headaches, left knee pain which had been followed by orthopedics*

with the use of injections. The patient's medications included testosterone patch, Synthroid, aspirin, Colace, fiber supplement, Glycolax, Effexor XR, methadone, Seroquel, Zonegran, melatonin, multivitamin, Xopenex, Emla, Provigil, Tegretol, Bactrim, nifedipine, Cymbalta, Voltaren gel, Flector patch, Depakote, baclofen, Zanaflex, Percocet, Ditropan, and Klonopin. Neurological examination revealed left hemiparesis with motor strength of 2+/5 at the hips, pain over the left greater trochanteric bursa and lack of full knee extension. Dr. assessed status post severe traumatic brain injury with multiple comorbidities including primary involvement in cognition/mood/emotional stability, chronic central pain, diffuse neurogenic weakness, neurogenic pain and neurogenic bladder; left greater trochanteric bursitis secondary to left hemiparesis and altered gait; possible adrenal insufficiency; myofascial pain from use of oxygen mask at night causing pressure points; mild left-sided hemiparesis related to the head injury with left mild foot-drop. Dr. treated the patient with antibiotics for urinary tract infection, bladder washing and other medications including prednisone, nifedipine, Neurontin, Seroquel, Cymbalta, baclofen, Voltaren gel, Flector patch, Depakote, Klonopin and Ditropan. She ordered physical therapy (PT) for left greater trochanteric bursitis, x-rays for left knee pain, custom ankle foot arthrosis (AFO) for left foot-drop and recommended referral to pulmonary specialist for determination of intermittent positive pressure breathing (IPPB) and referral for a psychiatric evaluation. Dr. also recommended intermittent speech evaluation for review of his swallow as this was at high risk for decline over time.

On December 14 and December 17, 2009, the patient underwent PT evaluation. The records are illegible. On December 16, 2009, the patient had speech evaluation, but the records are illegible.

On December 23, 2009, M.D., denied the appeal for Life Fone with the following rationale: "*Based upon the available documentation and ODG guidelines, I respectfully do not recommend the request for Life Fone purchase to be reasonable or medically necessary; no current objective information describing extent of cognitive deficit to require Life Fone at home."*

A report of medical necessity for Life Fone Rental indicated the following: *Life Fone provides help at the push of a button, 24 hours a day and 365 days a year. The actual phone box is placed in one room and the patient wears a monitoring device. He can push and explain his need of help from any location in the home. This early intervention can allow patients with TBI to stay in his own home. It will take the worry out of the patient when alone giving him more of a sense of independence. This piece of DME is not only one of necessity for safety reasons but could prevent life-threatening injuries to this TBI patient. The longer the wait for help after one of his falls, the greater the chance of hospitalization and permanent damage. Having the Life Fone in the event of a fall and or emergency will aide getting help fast and prevent serious long-term complications.* "

<u>ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.</u> I HAVE REVIEWED ALL THE RECORDS AVAILABLE AND NO WHERE IS THERE ANY INFORMATION FROM HIS TREATING DOCTOR RECOMMENDING THE LIFEFONE. THE REQUEST HAS A STAMPED SIGNATURE AND IN THE LAST OFFICE VISITS THE TREATING DOCTOR

GIVES AND EXTENSIVE LIST OF HIS RECOMMENDATIONS, TWENTY-FOUR, NONE OF THEM ADDRESS LIFEFONE. WITHOUT DOCUMENTATION BY THE TREATING PHYSICIAN AND ODG NOT ADDRESSING THE DME, THE DECISION SHOULD BE UPHELD.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS