

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 27, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Roll-A-Bout scooter (E1399) for right foot and a wheelchair (E1399) for right foot

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- XX Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
727.68	E1399 Roll-A-Bout (Rt foot)		Prosp	1					Overturned
727.68	E1399 Wheelchair(Rt foot)		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 525 pages of records received from to include but not limited to: letter, Law Office of, 10.12.10; letters 9.13.10, 9.23.10; Hospital Clinic report 2.22.10; Bone and Joint Institute notes 2.25.10-9.21.10; various DWC form 73; MRI right ankle 4.29.10; DDE report 7.25.10; RME report 7.15.10; ODG Ankle and Foot (Acute and Chronic); ODG Knee and Leg (Acute and Chronic); ODG Pain (Acute and Chronic)

Requestor records- a total of 28 pages of records received from, Attorney to include but not limited to: TDI letter 10.7.10; PHMO Notice of IRO assignment; Bone and Joint Institute notes 2.25.10-9.16.10; MRI right ankle 4.29.10

Requestor records- a total of 46 pages of records received from to include but not limited to: TDI letter 10.7.10; letters 9.13.10, 9.23.10; Bone and Joint Institute notes 2.25.10-9.16.10; Hospital Clinic report 2.22.10; MRI right ankle 4.29.10; Knee cruiser sheet

PATIENT CLINICAL HISTORY [SUMMARY]:

In reviewing the medical records provided, this individual had a surgical procedure performed on the first of September and his physician had asked for a Roll-A-Bout, which is a device where one rides on their knee to eliminate weight bearing on the ankle and foot. In this case, this individual had surgery of the peroneus longus and brevis tendons and is in non-weight bearing status. He is not able to get around on crutches effectively and also has difficulty using a wheelchair. This is all documented in the physician's notes provided for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

In the medical records from Bone and Joint Institute dated 09/16/2010, it states that the patient is 15 days post op and is a gentleman whose status is: post repair of the peroneus longus and brevis tendons. He recommends removal of the staples and placing the short right cast to keep him non-weight bearing.

I believe his greatest medical necessity is that he be approved for a Roll-A-Bout for mobility. He has difficulty with crutch use and difficulty with a wheelchair. I recommend that he continue with non-weight bearing mobility and be seen again in one month's time." M.D., Surgeon

This medically necessary transportation device has been misinterpreted and misunderstood by the preauthorization company. There is no reason to deny this individual his non-weight bearing on ankle and knee Roll-A-Bout, which is a device for one right at the knee and does not require crutches for mobility in the home and community. There is no active request for a wheelchair. The codes are the same, but it was written as a right leg wheelchair, which is another term for a Roll-A-Bout – they are the same piece of equipment. Again, this was misinterpreted by the review company.

Therefore the Roll-A-Bout scooter is approved as medically necessary. The wheelchair, as listed as a separate item, is not approved as medically necessary.

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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES