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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 10/11/10

IRO CASE #:

Description of the Service or Services In Dispute
Home health care four hours day, 1 year.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Physical Medicine and Rehabilitation

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

Upheld	(Agree)
X Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse determination letters, 9/22/10, 9/21/10, 9/9/10
Clinical notes, Dr. 2010
Notes, Dr. 2009
Notes, Dr. 2010
Home health notes 2009 - 2010
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in xxxx sustained a serious injury, which resulted in below the elbow, bilateral amputations, and burns to both lower extremities, culminating in an eventual 2010 fusion and extension of the right knee, after major infections from a total knee prosthesis that later had to be removed. With this fusion, he has a secondary functional leg length discrepancy, and a secondary lumbar pain syndrome. The records also reveal some decrease in sensation from burn injury in the left limb. The fused right knee has given rise to a marked antalgic gait, and a high risk of falling. The patient is totally dependent on his prostheses for upper extremity basic ADL, has to have assistance to put on, adjust and take them off. The patient's wife is currently working 12-hours a day out of the home, with the patient essentially alone at home for 12 hours. He is currently allowed assistance that leaves him eight hours alone. There is an additional request of four hours home health aide.

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

I disagree with the denial of the requested home health assistance. The additional requested four hours of home health services is justified and necessary, due to the precarious nature of the patient's ability to stand up and ambulate, and his total dependence on the prostheses. His ability to self-ambulate with a non-functioning right knee, bilateral upper extremity nonsensate prostheses, even with a walker is very precarious. His chances of a fall, the inability to get up, slippage, or damage to the prosthetic straps, malfunction or breakage of the prostheses, inability to reach a phone or call 911 while alone are very real. That the health assistant is not performing 'medical' services or physical therapy is not pertinent. The patient requires the physical presence of an aide and assistance with basic ADL's. This case falls outside the paradigm of the ODG, which does not apply to bilateral forearm and hand amputations, plus the very dysfunctional right lower extremity with the fused knee.

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

- ☐ **ACOEM- AMERICAN 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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**