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Notice of Independent Review Decision

DATE OF REVIEW: 4/8/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 24 hour home caregiver/caretaker services to be performed by his sister, Linda Winkler, claimant's sister.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 24 hour home caregiver/caretaker services to be performed by his sister, claimant's sister.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained a traumatic brain injury after falling off a ladder. He was managed with VP shunt, tracheostomy and PEG. He was treated acutely at He also had sustained left clavicle fracture and right costal fractures, scapular fractures and pneumothoraces. He did his rehab at Rehab starting 12/8/08. He was discharged to CORE for vocational rehab and PT/OT/Speech on 4/27/09. He was then transferred to assisted living at until 11/09. He was moved to his mother's home in.

MMI was assessed on 11/28/10 with an IR of 60%. He has abnormal speech, premorbid OCD, documentation of suicidal behavior since DOI, upper extremity spasticity and lower extremity paresis. He has frequent falls. There is concern of dysphagia with liquids and swallowing studies were ordered.

The patient's sister, Ms. moved in with the patient and received training at the CNA level. The patient is concerned about previous home healthcare providers and there are accusations of burglary of money and medications. There is no police report provided for review.

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

The ODG indicates that home healthcare services are "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed."

The recommendation by ODG limits the care to no more than 35 hours per week. So if this patient's sister were to be employed by a home healthcare service, 24 hour care is not supported by the ODG. The ODG does not cite whether a CNA can dispense medications in TX.

There is no documentation of Ms. being employed by a home healthcare service or agency or that she owns one. There is no documentation that she has been trained as a medication aide or currently holds certification as such. There is no documentation that she is working under an RN in compliance with Rule 224.8 of the TX Board of Nursing.

The above issues have not been documented. Therefore, the requested service is not medically necessary at this time.

A 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
- 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)