INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/28/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Denial for Home Health Aide for treatment of injury of bilateral lower extremities three hours per day for two times per week as requested by Dr.

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 12/08/10 - Clinical Note - MD
2. 12/08/10 - Referral - MD
3. 12/16/10 - Utilization Review
4. 12/21/10 - Pre-Authorization Decision and Rationale
5. 01/12/11 - Clinical Note - MD
6. 01/13/11 - Pre-Authorization Decision and Rationale
7. 03/03/11 - Prospective Review Response
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who was involved in a work related motor vehicle accident on XX/XX/XX.

The employee was seen by MD on 12/08/10. The note stated the employee was involved in a motor vehicle accident approximately X years ago. The employee was in a coma for almost X months with multiple fractures in the upper and lower extremities. The employee has a right below knee prosthesis that she has had for X years. The employee's left above knee prosthesis no longer fits. The employee also utilizes a scooter and a manual wheelchair. The employee has completed a rehabilitation program. The note stated the employee lives with family members. Currently, the employee complains of phantom pain in the right ankle. The note stated the employee lives alone, is morbidly obese, and was unable to get up following a recent fall. Physical examination revealed normal bulk and tone of the muscles. No focal neurologic deficits were identified. Motor examination was within normal limits. The employee was assessed with status post motor vehicle accident with report of short-term memory with deficits, right below knee amputation, left above knee amputation, and morbid obesity. The employee was recommended for physical therapy evaluation for new equipment. The employee was also recommended for an aide three hours a day two times per week in order to help with meal preparation, bathing, grocery shopping, and light household cleaning.

The request for home care for treatment of bilateral extremity injury of home health aide for three hours per day for two times per week was denied by utilization review on 12/16/10 as the doctor's note specified the employee needed home health services for meal preparation, grocery shopping, bathing, and household cleaning, which are all non-medical services.

The employee was seen by Dr. on 01/12/11. Physical examination revealed normal bulk and tone of the muscles. No focal neurologic deficits were identified. Motor examination was within normal limits. The employee was again recommended for an aide three hours per day two times per week in order to help with meal preparation, bathing, grocery shopping, and light household cleaning.

The request for home care for treatment of bilateral extremity injury of home health aide for three hours per day for two times per week was denied by utilization review on 01/13/11 as the doctor's note specified the employee needed home health services for meal preparation, grocery shopping, bathing, and household cleaning, which are all non-medical services.

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

The requested home care for treatment of bilateral extremity injury of home health aide for three hours per day for two times per week is not recommended as medically necessary. The employee is being recommended for a home health aide to perform household activities with no indication of any medical care recommendations. Current evidence-based guidelines indicate that the use of home health aides to perform non-medical tasks, such as cooking and cleaning, is not recommended. Given the absence of any exception factors to support the use of a home health aide as requested, the request is not deemed medically necessary.

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

Official Disability Guidelines, Online Version, Knee and Leg Chapter
Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. (CMS, 2004)