

## Notice of Independent Review Decision

**DATE OF REVIEW:** February 2, 2011

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Vehicle Modifications.

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

This reviewer is a Board Certified Physical Medicine and Rehabilitation Physician with 17 years of experience.

### **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)

Provide a 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**

On December 19, 2004, the claimant, a quadriplegic since xxxx , was admitted to the hospital with 100 degree fever. He suffered a C7 quadriplegic spinal cord

injury and manages his bladder with intermittent catheterization. He had an elevated white blood count. Hospital stay approved for suspected Urosepsis despite treatment with Floxin. Additional hospital stay not required.

On January 4, 2006 a Cystometrogram was approved to evaluate bladder function and regulate medication. A cystometrogram in 1995 was abnormal. This was approved.

On May 12, 2006, J2 cushions for his electric wheelchair were approved. On January 11, 2007, the claimant was evaluated by M.D. He is on stable doses of anticholinergics, Ditropan 10 mg and Imipramine 10 mg. He has showed some degree to detrusor over activity but they have been stable over time. He self treats with Floxin. His CMG shows low normal bladder capacity with detrusor over activity over 270 cc. He is stable, through somewhat suboptimal CMG.

There is a letter dated January 18, 2011 from the stating the claimant has been accepted into the Adaptive Recreation, Adaptive Aquatic Program, three days per week and will be doing exercises from his wheelchair.

There is a letter dated January 18, 2011 from, D.O. stating the claimant sustained a C7 ASIA-A spinal cord injury in xxxx which resulted in him sustaining a lower cervical spine fracture/dislocation with spinal cord injury. Limitations included weakness of the hands, arms and paralysis of all lower extremities. With the use of a power chair the claimant regained independence. He will need replacement of a new wheelchair assessable approximately every 3-5 years. Due to long traveling distance the wear and tear of the vehicle is significant. He will be traveling 150 miles three times a week for physical therapy. He is in need of an appropriate lowered floor combined with power lifting device. The dependency of patient transfer has decreased because of spasticity and calcium between the bones. The patient should be provided a vehicle he is able to access and drive while occupying his wheelchair.

There is a letter dated January 20, 2011 from Adaptive Driving Access. He evaluated the claimant while occupying his power chair and documented the following: 1. Client is 53 ½" while sitting in his chair. 2. Width of chair is 25 ½". 3. Arm rest height of chair is 31". 4. Full length of chair from mid front caster to longest point in the back (anti-tip bars) is 45" 5. Front wheel (mid caster) to end of rear wheel is 37 ½". 6. Eye height from floor is 48". 7. Knee height from floor while sitting in chair is 28". The modifications will allow the claimant to enter, exit and drive the vehicle while in his power chair. He will be able to safely maneuver himself/power chair underneath the steering wheel. All modifications will have the appropriate back up systems of Adaptive Driving Access will provide twice a year free maintenance.

There is a letter dated January 24, 2011 from R.N. stating it is in his best interest to continue care with recommended diagnostic tests and clinic appointments on an annual and needed basis as Hospital.

There is a letter dated January 24, 2011 from OTR, MA, ATP. She states the claimant must travel to Hospital to undergo a specialized evaluation for seating and mobility equipment. He will also be required to undergo final fitting of this mobility equipment when it is received from the manufacturer.

There is a letter dated January 27, 2011 from CMA that states the claimant is an active patient at Foot Care for feet problems that are secondary to this injury every 4 months or as needed.

A Memorandum from Senior Claims Representative stated that the request for reconsideration for vehicular modifications incurred in May through June 2005 is accepted and the claimants request for an additional \$43,000 in vehicle modifications with a date of service of February 2010 is denied. The carrier does not believe the claimant has been timely in his request for consideration of vehicular modifications with the dates of service of May through June of 2005. Further, the Carrier does not believe the claimant is timely in his request for reconsideration of vehicular modifications with dates of service of February 2010.

#### **PATIENT CLINICAL HISTORY:**

The claimant sustained C7 quadriplegic spinal cord injury on xx/xx/xx.

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

The claimant is an ASIA-A C7 tetraplegic with weak upper extremities and paralysis of both lower extremities with a neurogenic bladder, spasticity, and bilateral foot problems due to the injury in xxxx. He will be driving 150 miles three times weekly to attend the Adaptive Recreation Program and Adaptive Aquatic Program. He also has follow-up appointments with various physicians for medical issues related to his xxxx injury, including, but not limited to, podiatric, physiatric, and urological care. Vehicular modifications have allowed the claimant to be independent and require less assistance for transportation needed to live independently. Per the ODG-Appendix D since the claimant needs vehicle modifications for functional improvement to attend medical appointments and therapy the previous decisions are overturned.

# **ODG -TWC**

## *ODG Treatment*

### *Integrated Treatment/Disability Duration Guidelines*

## **Appendix D**

### **Documenting Exceptions to the Guidelines**

In cases where the medical care is an exception to ODG, the health care provider should document: (1) extenuating circumstances of the case that warrant performance of the treatment including the rationale for procedures not addressed in ODG; (2) patient co-morbidities, (3) objective signs of functional improvement for treatment conducted thus far; (4) measurable goals and progress points expected from additional treatment; and (5) additional evidence that supports the health care provider's case.

#### **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)**