

# **KINDEPENDENT REVIEWERS OF TEXAS, INC.**

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 01/06/11

**IRO CASE NO.:**

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

Item in dispute:

E1220 Invacare Custom Top End WC \$3340.00

E2607 Supracor Specialty Cushion \$476.80

K0108 New Solutions Heavy duty Stump Support \$340.20

K0108 New Solutions Stump Cushion \$36.00

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

Texas Board Certified Physical Medicine & Rehabilitation

Texas Certified in Hyperbaric Medicine

**REVIEW OUTCOME**

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

Denial Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 07/20/10 - Clinical Note - MD
2. 07/21/10 - Price Quote -
3. 07/22/10 - Price Quote - Inc
4. 07/23/10 - Price Quote -
5. 08/02/10 - Seating Evaluation
6. 10/28/10 - Utilization Review
7. 11/03/10 - Letter - MD
8. 11/19/10 - Utilization Review
9. **Official Disability Guidelines**

## **PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male who is status post bilateral lower extremity amputations. The employee saw Dr. on xx/xx/xx. The employee underwent multiple I&Ds from 05/11/10 through 05/17/10. The employee reports good pain control. The employee is interested in beginning a daily exercise program. Physical exam reveals a right above-knee amputation and a left below-knee amputation. There is good range of motion of the left knee. There is good range of motion of the right hip. The employee is assessed with right above-knee amputation, left below-knee amputation, gait abnormality, vitiligo, impaired mobility, and morbid obesity with increased abdominal girth. The employee is recommended for physical therapy and is given a prescription for a hand cycle to begin a daily exercise program.

A letter of medical necessity dated 08/02/10 states the employee is over the weight limit of his current wheelchair. The employee is an extremely active wheelchair user. Employee with lower extremity amputations require an optimally configured wheelchair to accommodate their altered center of gravity and frequent use of the device. The letter states no other type of wheelchair will accommodate this level of adjustment or activity.

The request for Wheel Chair, Supracor Specialty Cushion, and Heavy Duty stump support and stump cushion is denied by utilization review on 10/28/10 due to lack of documentation that the employee does not have sufficient upper extremity function to propel a manual wheelchair in order to support the medical necessity of the durable medical equipment. The guidelines state that a lightweight wheelchair is recommended if the employee cannot adequately self-propel (without being pushed) in a standard manual wheelchair or the employee has a severe medical condition that prevents self-propulsion in a standard manual wheelchair.

A letter by Dr. dated 11/03/10 states the employee's present wheelchair is too narrow for his size and does not have an offset wheel option for his amputations. The employee purchased the wheelchair himself as he needed something for mobility, but the letter states the chair is not safe for long term use. The letter states a custom lightweight chair is required and is customary for employees with amputations so that they can propel long distances, load the wheelchair independently in a vehicle, and not develop overuse injuries in the shoulders, especially due to his large size. The letter states the employee utilizes the manual wheelchair every evening, any other time he doesn't wear his prostheses, or when there is skin breakdown.

The request for Wheel Chair, Supracor Specialty Cushion, and Heavy Duty stump support and stump cushion is denied by utilization review on 11/19/10; however, the reviewer comments were not submitted for review.

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

The request Wheel Chair, Supracor Specialty Cushion, Heavy Duty stump support and stump cushion is recommended as medically necessary. The employee clearly exceeds guideline recommendations regarding specialized wheelchairs. The previous available denial states there was no lack of documentation that the employee does not have sufficient upper extremity function to propel a manual wheelchair in order to support the medical necessity of the durable medical equipment. Based on the clinical provided, it is clear that the employee is able to utilize a wheelchair appropriately; however, a standard wheelchair does not adequately meet the employee's clinical needs due to his body habitus and bilateral lower extremity amputations. In this particular case, a standard wheelchair would be inadequate for the employee's daily functioning and the employee would reasonably have increased function with a specialized wheelchair. As such, medical necessity is supported.

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

1. **Official Disability Guidelines**, Online Version, Knee & Leg Chapter