

[] Partially Overturned (Agree in part/Disagree in part)

The requested equipment, Pride Victory 9 Scooter – 1-year Warranty, Solid Tires, Front Basket and Harmar AL-100 Outside Platform Lift – 3-year Warranty, Professional Installation, Client Training and Product Demonstration, is not medically necessary for the patient.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 12/29/10.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 12/29/10.
3. TDI Notice to IRO of Case Assignment dated 12/30/10.
4. Medical records from MD dated 8/15/05, 12/7/09, 12/9/09, 2/15/10, 2/19/10, 2/23/10, 3/1/10, 4/15/10, 5/24/10, 6/25/10, 6/30/10, and 7/15/10.
5. Operative Report dated 1/6/10.
6. Medical records from Hospitals dated 1/6/10, 2/19/10, 2/23/10, 5/22/10, 5/23/10, 7/1/10, 7/2/10, 7/3/10, 7/4/10, 7/5/10, 7/6/10, 7/7/10, and 9/13/10.
7. Medical records from RehabMed dated 7/19/10.
8. EMG Nerve Conduction Studies performed by Medical Associates.
9. Medical records from dated 10/19/10 and 11/16/10.
10. Letter of Medical Necessity from DO dated 12/16/10.
11. Designated Doctor's Evaluation and Report dated 12/4/10.
12. Denial Documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has a history of essential hypertension, obstructive sleep apnea, chronic insomnia, gastroesophageal reflux disease, lumbar spinal stenosis, cervical spinal stenosis, depression with delirium/psychosis, prior fracture of multiple ribs, prior T7 anterior wedge compression fracture, history of hepatitis C status post interferon therapy and alcoholism. The patient is status post lumbar laminectomy in 1998, lumbar fusion in 2000 and 2001, and anterior cervical microdiscectomy at C4-5 in 2006 and at C3-4 in January 2010. He has failed a morphine pump trial. His medications have included methadone, Lorcet, Wellbutrin, Zoloft, Flexeril and temazepam. On 10/19/10, the patient's provider noted the patient presented with continued pain in the cervical spine and lumbar spine. The medical history notes that there has been multiple falls. The provider noted the patient is not able to propel a manual wheelchair due to elbow fracture. A request has been made for authorization of the following durable medical equipment (DME): Pride Victory 9 scooter – 1 year Warranty, Solid Tires, Front Basket and Harmar AL-100 Outside Platform Lift - 3 year Warranty, Professional Installation, Client Training and Product Demonstration. The URA indicates the information provided does not support the medical necessity of a power mobility device.

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

Upon review of all of the submitted documentation as well as evidence-based peer-reviewed guidelines, I have determined that the requested equipment is not medically necessary for treatment of the patient's medical condition. I have considered the Official Disability Guidelines Treatment in Workers' Compensation (ODG). However, given the complexity of this patient's medical condition, his situation does not fall with ODG or most other occupational guidelines. Medicare guidelines for providing durable medical equipment (DME) such as a powered mobility device (PMD) are nationally accepted standards for determining the medical necessity of the requested equipment. Based on these guidelines, there should be documentation of the following: evaluation of the patient's ability (both physically and mentally) to safely drive the PMD; an evaluation of the patient's home and evaluation of the ability of the patient to navigate the PMD in the home; and documentation of the reasons why a manual wheelchair, walker, or cane cannot meet the mobility needs of the patient. Such documentation is lacking in this case. In the absence of this information, the requested Pride Victory 9 Scooter (and related accessories/services) is not considered medically necessary DME. Further, according to Medicare guidelines, a PMD outside of the home is not considered medically necessary and therefore the Harmar AL-100 Outside Platform Lift (and related accessories/services) is not a medically necessary DME item.

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)

Medicare Coverage of Power Mobility Devices (PMDS): Power Wheelchairs and Power Operated Vehicles (POVS).