

SENT VIA EMAIL OR FAX ON
May/25/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Power Scooter Replacement

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

MD board certified orthopedic surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Company's response regarding disputed services 05/19/11
2. Utilization review determination 04/27/11 regarding non-certification DME power scooter replacement
3. Utilization review determination 05/09/11 regarding non-certification appeal DME power scooter replacement
4. warehouse documents
5. Clinical records MD
6. Office notes MD
7. Operative report 06/18/04 regarding revision left total hip replacement and associated hospital records
8. Radiology reports left hip x-rays

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Mechanism of injury is not described, but the injured employee is noted to have sustained an injury to the left hip. He underwent left total hip replacement, with revision of left total hip replacement performed 06/18/04. The injured employee was noted to continue with fair degree of pain and discomfort of the left hip. X-rays on 12/27/10 showed evidence of loosening with

osteoporosis. Dr. noted that under the circumstances he would not recommend any big time major revision surgery. It was noted the injured employee had been recommended to use a walker. The injured employee could not take Darvocet so he was prescribed Ultracet 60. The injured employee was seen in follow up on 04/21/11 for evaluation of the left hip. It was noted the injured employee has a motorized scooter which has completely failed and is not functional. The injured employee was reported to have exceptional difficulty in standing or walking and was recommended for motorized scooter.

Utilization review determination dated 04/27/11 determined the request for DME power scooter replacement was non-certified as medically necessary. The reviewer noted that physical examination on 01/27/11 revealed diffuse tenderness over the paraspinal segments and over the lower extremities with dysesthesia over the lateral calf. It was noted that there was nothing in the records that documents clear evidence of functional deficit in the injured employee that would warrant the requested powered mobility device. The injured employee has a limping gait and previously used a cane, but there was no information of the injured employee's response to its use. There was no indication that previously used assistive mobility device was insufficient to address the injured employee's mobility deficits. Exercise, mobilization and independence were encouraged as part of the gainful rehabilitation. The request was discussed with Dr. who stated the injured employee has used a power scooter for the last five to six years which is now giving out and needs replacement. Dr. noted the injured employee has had multiple revisions to the hip which makes it difficult to stand or walk. It was noted that although his upper extremities are fine, the injured employee is overall weak and unable to use a regular wheelchair. The review indicated the injured employee was using a cane in 12/09 and was recommended a walker in 12/10. Office note dated 01/27/11 did not mention an assistive device. An updated physical examination with functional limitations to support the use of power scooter is needed to include inability to utilize a regular wheelchair. Medical necessity was not fully established at that time.

A reconsideration/appeal request was reviewed on 05/09/11 and again determined as non-certified. The reviewer acknowledged previous non-certification due to lack of documentation of clear evidence of functional deficits that warrant the requested powered mobility device, no indication that the previously used assistive mobility device is insufficient to address the injured employee's mobility deficits, and no updated physical examination with functional limitations to support the use of powered scooter. It was noted there was now documentation the injured employee reports difficulty with ambulation; physical examination revealed a limping gait and dysesthesia over the lateral calf. It was mentioned the injured employee used a cane. However there was no documentation in the most recent medicals that the injured employee cannot use a cane or walker or that the injured employee has no sufficient upper extremity function to propel a manual wheelchair, or has a caregiver who is available willing and able to provide assistance with a manual wheelchair. Telephonic conversation with Dr. was completed. Dr. identified the injured employee had a previous motorized scooter which has been described to be broken but without clear documentation of whether the injured employee has been able to continue to use the motorized scooter or in the interval that he has been able to use other assisting devices and/or have the help of others. It was discussed that such documentation was necessary in order to clearly document the request to be medically necessary and not a matter of convenience.

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

The records reflect that the injured employee is status post left total hip replacement, with subsequent revision of left total hip replacement. The injured employee reportedly has used a motorized scooter for several years. In reviewing the clinical data, progress note dated 12/28/06 indicates that if the injured employee used a motorized wheelchair the prosthesis bone complex revision would be stressed much less and the chance of the construct surviving for a longer time would be likely. There is no indication as to when a motorized scooter/wheelchair was actually implemented. Office note dated 12/27/10 indicates the injured employee was recommended to use a walker. He had been using a cane for ambulation at least as of 2009. Per letter dated 05/18/11 from warehouse, the injured employee's motorized scooter is reported as non-repairable due to cost of repairs and it is

more feasible to replace the motorized scooter than repair the old scooter. It was further noted that repairs would only have 90-day warranty and the new motorized scooter would have a one-year warranty. As noted on previous reviews, there is no detailed evaluation noting that the injured employee is unable to use other assistive devices such as a cane or walker, or that the injured employee has insufficient upper extremity function to propel a manual wheelchair. It was also noted that there was no documentation that a caregiver would be available willing and able to provide assistance with a manual wheelchair. After review of the clinical data submitted, the proposed power scooter replacement is not supported as medically necessary.

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

ACOEM-AMERICA 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)