



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 08/24/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Home Health care 16 hours per day

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity has been demonstrated for 24 hours per day Home Health Services. The ODG did not address the requests of this particular case.

INFORMATION PROVIDED FOR REVIEW:

1. HDI, URA notes, 8/26/11 to 9/4/11
2. MD, office notes, 3/31/11 to 7/11/11
3. home health notes, 5/8/11 to 7/26/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female sustained a spinal cord injury in a accident on xx/xx/xx. She is a C7 quadriplegic and has undergone a C6 through T1 fusion. She is currently receiving Home Health care eight hours per day with an LVN visit every other day. Recently a sacral decubitus has developed.

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

ODG does not address Home Health care for a paraplegic. Dr. states that the patient has been receiving 24-hour care from her family. He describes the need for urinary reservoir emptying, frequent turning, and other services that are reasonable for a patient with a high spinal cord lesion. The patient recently developed a sacral decubitus, which may indicate that more aggressive nursing care is needed. It is reasonable to provide 24-hour Home Health care. I recommend re-evaluating the need for 24-hour care after 60 days.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)