

Becket Systems

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/02/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

60 RUSH-Home Health Care Aide (start date 7/18/12)

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

M.D., 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity does not exist for 60 RUSH-Home Health Care Aide (start date 7/18/12).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Complaint letters, Patient, various dates

Numerous prescriptions requests, refill authorizations, and telephonic consultation forms various dates

Worker's comp notes various dates

MRI right ankle 09/09/09

Patient health questionnaire, history and physical, and worker's comp questionnaire from

Orthopaedic and Spine various dates

Handwritten progress note, M.D. 09/29/09

Office visit notes Dr. dated 10/19/09-07/19/12

Notice of privacy practices and disclosure dated 10/15/09

Authorization notice dated 10/26/09

Radiographic report chest 2 views 11/02/09

Communications report dated 11/19/09

Statement of medical necessity dated 11/20/09

Physician communication sheet 12/07/09

Report of medical evaluation dated 05/26/11

Adverse determination notice 06/20/11

DD rebuttal letter dated 07/11/11

Authorization after reconsideration notice dated 08/24/11

MRI right foot without contrast dated 08/29/11

Adverse determination after reconsideration notice 10/11/11

Adverse determination after reconsideration notice 10/28/11

Report of operation 11/16/11

MRI right foot without contrast dated 06/20/12

MRI right ankle without contrast dated 06/20/12

Postoperative internal medicine consultation 06/27/12

Adverse determination notice 07/13/12

Adverse determination after reconsideration notice 07/18/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is female whose date of injury is xx/xx/xx. She hurt her right foot/ankle getting up from floor. She was status post right ankle scope/tenolysis posterior tibial tendon performed 11/11/09 followed by home health care/physical therapy. Records indicate she developed RSD. On 05/26/11 the claimant was determined to have reached maximum medical improvement with 8% impairment rating per designated doctor evaluation of the same date. She underwent a second surgical procedure on 11/16/11 with ankle arthroscopy, posterior tibial tenolysis, and subtalar arthroscopy. She had foot fusion on 6/27/12. She received home physical therapy visits. She stated that she was doing better, but regressed after additional home physical therapy was denied.

A request for home health care aide visits was denied on utilization review dated 07/13/12 noting that the claimant underwent three surgeries for the ankle with most recent right ankle fusion on 06/27/12. The requested were 60 home health care visits for seven hours. It was noted home health aide services should consist of non-skilled care rendered in conjunction with and in support of skilled home health services. It is not clear if the claimant was receiving skilled home health services or what services home health aide would render in immediate case. Regardless, there is no clear reason why the claimant would require extensive service. It was noted that a partial authorization of 7 home health visits would have been recommended.

A reconsideration request for 60 home health care was non-certified per utilization review dated 07/18/12. It was noted the claimant was status post multiple surgeries including fusion on 06/27/12. The claimant was non-weightbearing on right extremity. Physician's impression was the claimant needs assistance transferring from bed to chair, with toileting, showering and meal preparation, and also requires Lovenox injections. The reviewer noted the claimant had foot fusion as non-weightbearing for 12 weeks. Surgery was on 06/27/12. The request for home health aide for 60 days while the claimant is not weightbearing indicates there is no clinical requirement of skilled nursing. The request is transfers from bathroom and bathing activities. There were no medical issues that home health services would address. There are no open wounds, dressing changes or other medical conditions requiring daily attention. As such, home health aide services are not recommended per ODG guidelines. It was noted medical treatment does not include home health services such as shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing and using bathroom when this is the only care needed.

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

The claimant is noted to have undergone multiple surgical procedures including right ankle fusion on 06/27/12. Records do not indicate the claimant requires any skilled nursing services. Per Official Disability Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning and laundry, and personal care given by home health aides like bathing, dressing and using bathroom when this is the only care needed. The reviewer finds that medical necessity does not exist for 60 RUSH-Home Health Care Aide (start date 7/18/12).

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)