

SENT VIA EMAIL OR FAX ON
Feb/09/2012

Pure Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/07/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Back up generator to control the surrounding temperature and pool temperature for the patients home in the event of brown outs power failures due to automatic dysreflexia

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

Orthopedic spine surgeon, practicing neurosurgeon

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

Pre-authorization determination 12/19/11

Pre-authorization review 01/05/12

Pre-authorization review 01/27/12

Pre-certification reconsideration for humidifier for central heat and AC 01/04/12 from

Pre-certification second request humidifier 12/19/11 from

Pre-certification submission 12/13/11

Pre-certification submission 12/14/11

Notice of independent review decision 12/09/11

Clinic notes from multiple providers

Reference material regarding autonomic dysreflexia

Multiple diagnostic/imaging studies including x-rays lumbar, thoracic and cervical spine, MRI lumbar, thoracic and cervical spine

Multiple operative reports

Self insured's response to IRO 02/03/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. Records indicate the claimant sustained injuries to the cervical spine resulting in quadriplegia, with complications of autonomic dysreflexia. The claimant has undergone multiple surgical procedures including multilevel cervical and lumbar spine fusion. Claimant is wheelchair dependent. Per office note dated 11/14/11 by Dr. the claimant was noted to be well known because of his cervical spinal cord injury with quadriparesis. On examination he continues to be cervical quadriplegic with no functional movement of the bilateral lower extremities and limited use of the bilateral upper extremities. It was noted his family is maintaining fairly well in his home environment but there are several questions apparently concerning his care. It was noted the claimant is physically unable to care for himself. It appears that the claimant has a pool and does daily therapy. There was also noted to be a problem with thermal regulation. Claimant was noted to have autonomic dysreflexia and one of the issues with that is his body assumes ambient temperature therefore it is necessary to be in a temperature controlled environment at all times. His home needs have to have air conditioning to keep it at a reasonable temperature. Also pool water in which he exercises needs to be maintained at a reasonable temperature.

A pre-authorization request for back up generator to control surrounding temperature and pool temperature for the claimant's home in the event of black outs or power failures due to autonomic dysreflexia was reviewed on 12/19/11 and determined as not medically necessary. It was noted there was no evidence of past problems with brown outs or other loss of power or why such problems were being anticipated. It was unclear what problems the claimant is likely to have due to brown outs or black outs or why the concern has arisen now after many years. Medical necessity for this type of equipment has not been clearly demonstrated.

A pre-authorization determination dated 01/27/12 again determined the request for back up generator as not medically necessary. It was noted that clinical documentation provided indicated the claimant is utilizing pool in his home for range of motion exercises daily. The documentation provided evidence indicating the use of heated pool for range of motion exercises as medically necessary. The documentation provided lacks evidence indicating the claimant is at risk for brown out power failures, given the lack of documentation provided indicating the claimant has experienced brownout power failures in his home. There is lack of documentation provided to support the medical necessity of a back up generator for the claimant's home. As such the request is determined as not medically necessary.

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

Based on the clinical information provided, the request for a back up generator to control the surrounding temperature and pool temperature for the patient's home in the event of brown outs power failures due to autonomic dysreflexia is not supported as medically necessary. The claimant is a quadriplegic secondary to injuries sustained in xxxx. The claimant also has been diagnosed with autonomic dysreflexia. Per Dr. the claimant requires a temperature controlled environment maintained reasonable ambient temperature. However there is no documentation provided that the claimant has experienced frequent loss of power. There also is no indication that the claimant does not have alternative solutions including temporary relocation to the home of relatives or obtaining hotel accommodations. As such medical necessity is not established, and previous denials are upheld on IRO.

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)