

MEDRx

3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 5/29/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Hardwood Flooring through out home.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Hardwood Flooring throughout home.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who sustained a work related injury to the left knee on xx/xx/xx when she fell on ice.

On 08/04/2011 the worker was seen by MD, for orthopedic follow up. Dr. advised that it would be prudent to try Synvisc injection. Dr. recommended referral to an adult reconstruction specialist for Synvisc injection and consideration for knee arthroplasty.

On 01/11/2-12 the worker was seen at xxxxx for a follow up visit regarding pain in left knee

and leg. The diagnosis was knee internal derangement, knee pain, edema, depression / anxiety. Prescriptions were given for Lortab, Soma, Xanax, Ambien, Lasix, Potassium Chloridel, Phenergan, Nexium, Celebrex, and for Lidoderm Patches.

After xxxxx closed the worker was seen on 04/02/2012 by Dr.. Examination of the left knee revealed tenderness to palpation and crepitus. The worker was walking with a cane. Upper and lower extremity strength was 5/5. The diagnosis was 719.46 left knee pain. Treatment included prescriptions for Lidoderm, Lortab, Nexium, Celexa and Ambien. Dr. recommended that total knee arthroplasty be performed. He recommended psychiatry referral for depression and anxiety due to the injury.

On the follow up visit 04/20/2012 Dr. renewed oral medications and wrote a prescription for hardwood floors "so she can roll walker and prevent falls".

On 04/25/2012: Dr. submitted a written request for authorization for hardwood flooring, "to make it easier for her walker and for the patient's safety". The requested authorization was denied.

On 05/15/2012 an RME was performed by MD, xxxxx. In response to questions Dr. stated that "it is my opinion the patient should be enrolled into a multidisciplinary pain management program and be detoxified off the hydrocodone and into a more functional status..."

On the follow-up visit with Dr. on 05/18/2012 the worker complained of pain in the left knee and shoulder. Dr. written note states that the patient had fallen. The current medications were Lortab 10 milligrams, Celexa 20 milligrams daily, Nexium 40 milligrams twice daily, Lidoderm patch 3 daily, Ambien 10 milligrams: 2 at bedtime. On examination the worker arrived in a wheelchair pushed by a friend. The right foot and ankle were wrapped. The diagnosis was 719.46 pain in joint involving lower extremity - left knee pain, and 304.01 opioid dependent. Prescriptions were given for Lortab, Celexa, Nexium, Lidoderm patch, and Ambien. Follow-up in four weeks was recommended.

DIAGNOSTIC STUDIES: 02/16/2011: Prestige Imaging Dallas, MRI joint lower extremity without contrast:

- Acute irritation of the medial collateral ligament complex, most likely due to grade I sprain.
- Moderate to large knee effusion.
- Generalized MR stage I chondromalacia.
- There is focal bone edema within the weight bearing medial femoral condyle which could be contusion from injury or edema secondary to a more chronic mechanical irritation. No loose or unstable osteochondral sessions are appreciated.
- Intact cruciate ligaments, collateral ligaments and menisci

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

The installation of hardwood floors for the prevention of injury constitutes a home environment modification. As stated in the ODG Integrated Treatment/Disability Duration Guidelines:

Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental

modifications are considered not primarily medical in nature.

Furthermore, hardwood flooring does not meet the definition criteria for durable medical equipment. As stated in the ODG Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic) (updated 05/09/12), pertaining to Durable medical equipment (DME):

The term DME is defined as equipment which:

- Can withstand repeated use, i.e., could normally be rented, and used by successive patients;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of illness or injury; &
- Is appropriate for use in a patient's home.

The request does not meet ODG guidelines; therefore, the request is not medically necessary.

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)