

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: quickie 2 manual wheelchair heavy duty 21" frame width XL, matrix cushion rigidizer, multi position arm pad, matrix back, 1-1/2" auto buckling positioning belt, matrix heavy duty seat cushion, rear anti tippers, extension handle, heel loop, pneumatic rear tire, airless inserts, 20" seat depth, flip back hgt adj, armrest, adult angle adj

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Family Practice

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. It is the opinion of the reviewer that the request for the quickie 2 manual wheelchair heavy duty 21" frame width XL, matrix cushion rigidizer, multi position arm pad, matrix back, 1-1/2" auto buckling positioning belt, matrix heavy duty seat cushion, rear anti tippers, extension handle, heel loop, pneumatic rear tire, airless inserts, 20" seat depth, flip back hgt adj, armrest, adult angle adj is recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Treatment plan notes dated 06/12/13
Member master treatment plan dated 09/19/13
Letter of appeal dated 10/07/13
Adverse determinations dated 09/09/13 & 10/01/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who initially presented with a traumatic brain injury after a motor vehicle accident in xxxx. The patient was also noted to have undergone an episode of thrombocytopenia following a heparin induced episode during surgery for a left sided ORIF. The master treatment plan dated 06/12/13 indicates the patient having significant cognitive and physical deficits. The cognitive deficits are manifested by expressive and receptive language deficits. The patient required minimal assistance with activities of daily living at that time as well. The patient is noted to have episodes of congestive heart failure as well as asthma that were being treated in house at that time. The patient was noted to be attending group sessions for activities on a near daily basis. The patient was also noted to enjoy participating in food preparation during chef group. The patient was noted to enjoy music entertainment as well as working on creative projects. The patient was noted to be utilizing a personal wheelchair as well as an AFO for right sided foot drop. The master plan note dated 09/19/13 indicates the patient continuing with involvement

with group sessions. The therapy note does mention the patient continuing with an unsteady gait and was utilizing a wheelchair for all mobility purposes. The note does mention the patient having had an episode of cellulitis at the 2nd toe on the left foot. The patient subsequently underwent a debridement of the wound at the left 2nd toe. The note does mention the patient active with bird watching, rug making, as well as all other facility group activities. The patient participates with dominoes, crafts, and movies. The patient also attends church services. The note does mention the patient having the need for ongoing wound care at the right lower extremity.

The letter of appeal dated 10/07/13 indicates the patient currently weighing at 260 lbs. There were concerns regarding the patient's skin integrity as the patient's current wheelchair was noted to be very snug to the point of the patient's skin integrity being compromised. The physicality of the wheelchair was noted to have deteriorated substantially. The wheelchair's tires were noted to be cracked and worn. The right side lock does not hold. The wheel bearings were noted to be work out to the point that the wheel is angling inward so that the wheels are rubbing against the arm rest. The upholstery is noted to be torn in several places. The note does mention the patient's wheelchair being 9 years old at that time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review elaborates the patient having sustained a traumatic brain injury when she was involved in a motor vehicle accident. The clinical notes indicate the patient utilizing a wheelchair full time for mobility purposes. The patient is noted to be active within the community attending numerous group sessions as well as church services on a regular basis. The patient's sole means of transportation/mobility is via a manual wheelchair. The patient's current wheelchair is noted to be highly compromised in that the wheel bearings are no longer functioning properly. Additionally, the wheelchair itself appears to no longer support the patient. Given the ongoing need for the patient's mobility purposes and taking into account the physical deterioration of the current wheelchair, this request is reasonable. As such, it is the opinion of the reviewer that the request for the quickie 2 manual wheelchair heavy duty 21" frame width XL, matrix cushion rigidizer, multi position arm pad, matrix back, 1-1/2" auto buckling positioning belt, matrix heavy duty seat cushion, rear anti tippers, extension handle, heel loop, pneumatic rear tire, airless inserts, 20" seat depth, flip back hgt adj, armrest, adult angle adj is recommended 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)