



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 7/17/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

16 Ft Wheel Chair Ramp System, Labor and Installation of Wheel Chair Ramp System, Shipping for Wheel Chair Ramp System.

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

M.D. Board Certified in Occupational Medicine and Urgent Care.

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

Document Type	Date(s) - Month/Day/Year
Department of Insurance Notice of Case Assignment	7/27/2013
Workers' Comp Services Adverse Determination Letters	6/26/2013 4/24/2013-6/06/2013
Fax Letter Request for Appeal	6/25/2013 5/23/2013
Independent Medical Examination Note Required Medical Examination	12/21/2012 2/13/2013
Evidence Based Medical Evaluators Peer Review	2/08/2010
Authorization Request	4/19/2013
Procedure Reports	7/15/2003-10/28/2003
Office Visit Notes	9/05/2003-8/30/2004



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Office Visit Notes	11/07/2003-4/29/2004
Implant Record	4/09/2004
Report of Operation	4/14/2004
Emergency Room Records	6/30/2004
Procedure Notes	7/22/2004-5/04/2009
Required medical Evaluation	9/20/2004
Clinical Notes	8/22/2006
Office Visit note	1/30/2007-8/21/2007
Office Visits Notes	2/28/2011-6/03/2013
Progress Notes	6/04/2010-3/02/2011
Initial Evaluation Report Follow Up	5/12/2009 6/04/2009
Progressive Muscle Relaxation Notes	4/11/2007-5/09/2007

PATIENT CLINICAL HISTORY [SUMMARY]:

This female patient has filed a claim for chronic left foot, ankle, and lower extremity pain reportedly associated with a trip and fall industrial injury of xx/xx/xx.

Thus far, she has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; spinal cord stimulator implantation; sympathetic ganglion blocks; initial usage of a CAM Walker; subsequent provision of a wheelchair; and an 18% whole-person impairment rating.

A March 4, 2013 progress note suggests that the claimant exhibits an unstable gait, is partially weight bearing, and employs a wheelchair.

This is echoed by June 3, 2013 progress note suggesting that the claimant ambulates using a wheelchair, is deriving pain relief from various analgesic and adjuvant medications including Duragesic, oxycodone, Cymbalta, baclofen, Lipitor, Ranexa, and Phenergan. The claimant is significantly obese with a BMI of 37 based on a weight of 183 pounds.

An earlier note of April 30, 2007 suggests that the claimant is using a motorized wheelchair to move about. In a functional capacity evaluation report of February 8, 2007, it is suggested that gait capacity is not tested owing to safety concerns. Another note of January 30, 2007 with the claimant's former treating physician suggests that she is ambulating in a wheelchair. An April 13, 2004 note suggests that the claimant has a normal gait pattern and is able to heel and toe walk without difficulty but with pain. The claimant's right upper extremity strength is scored at 4/5 while her left upper extremity strength is apparently scored at 5/5.



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

Per ODG references, the requested "16 Ft Wheel Chair Ramp System, Labor and Installation of Wheel Chair Ramp System, Shipping for Wheel Chair Ramp System" is not medically necessary.

While the Official Disability Guidelines' "Knee Chapter Wheelchair and Power Mobility Devices Topics" do endorse usage of a manual wheelchair to ameliorate simple mobility deficits and usage of power mobility devices in those individuals who have difficulty independently propelling a manual wheelchair, there is no mention of home modifications.

In this case, the documentation on file, fails to clearly identify what issues or factors are present in the claimant's home that would require provision of the ramp in question. The Texas Labor Code Section 408.021 states that reasonable and necessary medical care to cure or relieve the effects of a compatible injury include medical, surgical, chiropractic, podiatric, optometric, dental, nursing, and physical therapy services as well as provision of durable medical equipment such as appliances, braces, prostheses, etc. It does not appear that home modifications are covered as part and parcel of medical care of treatment for the compensable injury as described in Texas Labor Code 408.021. Therefore, the request remains non-certified on independent review.

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 KNOWLEDGE BASE
- 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