

Pure Resolutions LLC

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 405-0870
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Home Health Attendant, 6 hours per day X 7 days

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

Board Certified PM&R; Board Certified Pain Medicine

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:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 07/02/13, 07/16/13
Follow up note dated 06/25/13, 07/09/13, 05/22/13, 08/20/13
Communication note dated 03/01/13
Comprehensive assessment dated 03/01/13
Neuropsychological evaluation dated 06/27/12
Neurocognitive evaluation dated 08/20/08
Initial evaluation dated 03/07/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient was involved in a motor vehicle accident when his truck experienced mechanical problems and overturned. The patient sustained multiple facial lacerations and underwent surgical repair of facial injuries. Treatment to date includes diagnostic testing, left hemilaminectomy. Follow up note dated 06/25/13 indicates that he has had some additional flares in his agitation and with anger and his wife is having more difficulty in caring for him. He has been seeing for psychological support. He has been helping with educating the patient in how to manage anger flares before they get bad. Follow up note dated 08/20/13 indicates that current medications are Celebrex, Hydrocodone, Klonopin, Fluoxetine, Gabapentin, Seroquel, Xanax, Metformin, Lisinopril and Coreg. The patient has been told that he has liver disease and that medications need to be adjusted. As a consequence he became very paranoid that his liver was damaged and quit taking all of his medications. This led to an acute withdrawal syndrome with paranoid behavior and elevated blood pressures panic attacks and hospitalization. It is noted that the patient only has mild damage in his liver function and adjustments can be made without being drastic. Tylenol was discontinued. He is now taking

codeine for lumbar pain. Gabapentin is being held for now.

Initial request for home health attendant was non-certified on 07/02/13 noting that there is no documentation of a focal neurological deficit or specifics provided with regard to cognitive capabilities to support this specific request to be one of medical necessity. The denial was upheld on appeal dated 07/16/13 noting that the submitted records fail to establish that the patient is homebound on a part time or intermittent basis and the medical treatment to be provided is not specified.

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

The Official Disability Guidelines support home health care for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. 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 the bathroom when this is the only care noted. The clinical records provided do not document that the patient is homebound on a part time or intermittent basis. Additionally, it is unclear what medical services are to be provided. As such, it is the opinion of the reviewer that the request for home health attendant, 6 hours per day x 7 days is not 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)