

Vanguard MedReview, Inc.

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Notice of Independent Review Decision

November 3, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Durable Medical Equipment: Modification to Current Drawers, Hooks on base or secondary for self- care, Electric/Safety Garage Doors, Hands Free Motion Detection Light

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

This physician is a Board Certified Physical Medicine and Rehabilitation physician with over 16 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx.

02/24/2014: Tub Room Note. **HPI:** The patient is a male with history of 65% burn which occurred on xx/xx/xx who comes to burn clinic for follow-up visit. He underwent release of burn scar contractures of neck, right axilla, right pubic region and digits 3, 4, 5, with pinning. His pain is controlled. He has no other associated symptoms other than he has a small open wound on his abdomen which has opened up. **Physical Examination:** No acute distress. Awake and alert. Oriented x 3. Right axilla flap is minimally dehisced but wounds clean. Right hand pins are in place. The lower abdomen with small open area which is clean. No obvious signs of infection noted. **Assessment:** A man with a history of 65% injury. Neck burn scar contracture. Right axillary burn scar contracture. Pubic region burn scar contracture. Right hand burn scar contracture. **Plan:** Topical wound care for the

right axillary wound. Resume occupational therapy. Will culture the wound on the abdomen. Follow up on 3/10/2014.

03/10/2014: Status Report. **HPI:** Status post multiple debridements, amputation of left upper extremity, as well as release of contractures of his right hand with pinning of his 3rd, 4th, 5th digits, and release to his right neck, right axilla, and right groin who presents today for follow-up. At his last appointment the pins were removed from his 3rd and 4th digits, plan today was to remove his 5th. Overall, he is doing well. He continues to have 1 area of drainage from his abdomen, as well as a new area on his right medial calf which he states is draining slightly and is from his brace rubbing; however, overall, he is doing well. He is continuing to use Mepilex on both of his wounds. In addition, wound culture from his last visit is growing staph. **Procedure:** The pin was pulled out of his 5th digit today. **Plan:** He can go ahead and start using his hammock for his hand again. In addition, we, as mentioned, pulled the pin from his 5th digit today. Continue with dressing changes and therapy. In addition, he can start wearing is arm prosthesis again using Mepilex to pad the area of his right axilla.

04/03/2014: Patient Note. Discussed plans to get more meds and a project to have his door knobs replaced with levers. He is doing fine with the conventional prosthesis and the Myo is in progress. The AFO was discussed. The other one wasn't working because the strut in the posterior bothered him and he thinks he has changed size since it was made.

05/01/2014: Office Visit. **HPI:** Status post multiple EGD's and amputation of the left upper extremity, who presented with limited mobility and functional movement of the right hand owing to scarring and scontractures. He underwent Z-plasty at the first interdigit space and flapping at the thenar compartment on 4/28/14. He reports minimal pain at operative site and he is no longer requiring pain medication. **Assessment and Plan:** The patient is urged to increase movement at right hand in order to disallow contracture of the skin graft. He is urged, however, to limit contact particularly of hard objects to skin graft and operative site. The patient is given a prescription for Occupational Therapy for exercise to the right hand. As well, staples were removed around the operative site. The patient will return to clinic on 5/7/14.

08/11/2014: UR. **Rationale for denial:** While there was mention that the patient would benefit form a hands free motion detection light, modification to current drawers, hooks on base or secondary for self-care, and electric safety garage doors to protect the patient's thin skin from potential breakdown there was no clear detail provided whether the patient has existing upper extremity prosthetic devices and what specific overall functionality has been achieved with these devices which should be clarified prior to consideration of this requested durable medical equipment. Therefore, these requests are not medically reasonable or necessary.

09/09/2014: Letter. Henry Rawson has been followed at clinic under the care of since the time of his work related injury. He is followed for his prosthetic, bracing,

and rehabilitation needs, including physical and occupational therapy. He also has needs related to skin care as he was burned over the majority of his body as well as pain management. His diagnoses include left above elbow amputation, right upper extremity with functional limitations due to scars/partial amputations of fingers. His right lower extremity requires bracing due to impairments caused by the injury. It is medically necessary for him to obtain provider care for wound care after surgeries and ongoing skin tears/issues that develop from bracing and/or prosthetic use. He still has open wounds on his leg and is dressed twice/day. He requires assistance to don any pressure garments and braces. The provider also monitors medication management for pain control. Because he only has the use of one extremity, it is imperative that he have someone nearby in case he falls. The requested items are also medically necessary for home safety and independence. He has no other equipment that assists in these areas.

09/24/2014: UR. **Rationale for Denial:** While there was mention of the need for this equipment for home safety and independence there was again no clear detail provided whether the patient has existing durable medical equipment and what specific overall functionality has been achieved with these devices which should be established in order to help facilitate the appropriate treatment plan. Therefore, these requests are not medically reasonable or necessary.

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

The previous adverse determinations are overturned. The requested durable medical equipment is needed since the provider documents significant limitations in functional use of bilateral upper extremities with an above the elbow left arm amputation/burn contractures right axilla/partial amputations and scarring right hand, recent Occupational therapy related to recent procedures involving the right hand, and no previous assistive devices such as those requested (drawer levers, self-care hooks, electric garage door, hands free detection light) which will obviously assist in safe performance of basic daily functions. For these reasons, Durable Medical Equipment: Modification to Current Drawers, Hooks on base or secondary for self-care, Electric/Safety Garage Doors, Hands Free Motion Detection Light are medically necessary at this time and should be approved.

Per ODG:

Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. See also specific recommendations here: [Aquatic therapy](#); [Bathtub seats](#); [BioniCare® knee device](#); [Bone growth stimulators](#); [Braces](#); [Canes](#); [Cold/heat packs](#); [Compression cryotherapy](#); [Continuous-flow cryotherapy](#); [Continuous passive motion \(CPM\)](#); [Crutches](#); [Cryocuff](#); [Cryotherapy](#); [Dynamic splinting systems](#); [Dynasplint](#); [Electrical stimulators \(E-stim\)](#); [Electromyographic biofeedback treatment](#); [ERMI knee Flexionater®/ Extensionater®](#); [Flexionators \(extensionators\)](#); [Exercise equipment](#); [Game Ready™](#) accelerated recovery system; [Home exercise kits](#); [Joint active systems \(JAS\) splints](#); [Knee brace](#); [Lymphedema pumps](#); [Mechanical stretching devices \(for contracture & joint stiffness\)](#); [Motorized scooters](#); [Neuromuscular electrical stimulation \(NMES devices\)](#); [Orthoses](#); [Post-op ambulatory infusion pumps \(local anesthetic\)](#); [Power mobility devices \(PMDs\)](#); [RS-4i sequential stimulator](#); [Scooters](#); [Shower grab bars](#); [TENS \(transcutaneous electrical nerve stimulation\)](#); [Therapeutic knee splint](#); [Treadmill exerciser](#); [Unloader braces for the knee](#); [Vacuum-assisted closure wound-healing](#); [Vasopneumatic devices \(wound healing\)](#); [Walkers](#); [Walking aids \(canes, crutches, braces, orthoses, & walkers\)](#); [Wheelchair](#); [Whirlpool bath equipment](#).

The term DME is defined as equipment which:

- (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients;
- (2) Is primarily and customarily used to serve a medical purpose;
- (3) Generally is not useful to a person in the absence of illness or injury; &
- (4) Is appropriate for use in a patient's home. ([CMS, 2005](#))

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)**