*****Revised Decision 12/02/14*****
(page four – analysis)

DATE: 12.01.14

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 12.01.14

IRO CASE #:

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

M.D., Board Certified in Orthopedic Surgery

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Adaptive control device and assisted mobility device

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

_____ Upheld (Agree)

__X__ Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim #*	*Upheld Overturn*
820.8	*99199*		*Preauth.*	*1*	*Xx/xx/xx*		*Xx/xx/xx*		*Overturned*
820.8	*99199*		*Preauth.*	*1*	*Xx/xx/xx*		*Xx/xx/xx*		*Overturned*

PATIENT CLINICAL HISTORY (SUMMARY):
The claimant has a complex right hip injury with a proximal femur fracture status post open reduction and internal fixation that was complicated by hardware failure, requiring revision. The claimant is postoperatively, had significant ambulatory difficulties, as well as difficulty driving due to weakness in the lower extremity. In addition, the claimant was having difficulty with motor strength in the upper extremity due to her age and ambulation was quite difficult without assistance. A request for an adaptive control device and assisted mobility device was requested by the claimant's surgery. The insurance company gave a partial approval for the adaptive control device, as it was felt to be a safety issue driving a car, but it was felt that the claimant should be encouraged to walk without an assisted mobility device, i.e. powered wheelchair. This denial was based on the Official Disability Guidelines Knee and Leg Chapter not recommending these devices if the functional mobility deficits could be sufficiently resolved by the prescription of a cane or walker or if the claimant has sufficient upper extremity function to propel a manual wheelchair or there is a caregiver willing to provide assistance with a manual wheelchair.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
****I disagree with the insurance company's denials because this claimant obviously does not meet those criteria spelled out in the ODG.**** The claimant does not have the sufficient upper extremity strength to propel a wheelchair for prolonged distances for activities of daily living or work activities and does not have full time assistance. Therefore, based on the ODG guidelines, this claimant qualifies for both the requested devices, one of which was already partially approved by the insurance company. Based on review of the medical records and the ODG guidelines, I overturn

the insurance company denial and give my approval for an adaptive control device and assisted mobility device for this claimant.

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 judgment, clinical experience and expertise in accordance with accepted medical Standards
_____Mercy Center Consensus Conference Guidelines
_____Milliman Care Guidelines
_X___ODG-Office 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)

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