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NOTICE OF INDEPENDENT REVIEW DECISION

Date notice sent to all parties: Nov/26/2014

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: pneumatic compressor, non-segmental home model, non-segmental pneumatic appliance for use with pneumatic compressor, half leg

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

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The records indicate this patient is an year old female and pre-op orders were written for this patient, at xxxxxon 07/30/13. It was noted then that a diagnosis included rectal prolapse and xxxx had signed consent for a laparoscopic procedure with possible sigmoidectomy. No further clinical notes were provided for this review. On 05/23/14, a correspondence was submitted by xxxxx noting that there was no documentation of a high risk deep vein thrombosis prophylaxis after surgery or the patient's inability to ambulate as a rationale for non-certifying the request for a pneumatic compressor non-segmental home model and non-segmental pneumatic appliance for use with pneumatic compressor, half leg. On 09/15/14, a peer review report was submitted noting the requested device was not approved for the member because the member's clinical circumstances do not meet 1 or more xxxxx medical policy criteria that relate to the efficacy of the service itself and/or the medical necessity of the service. It was noted the records do not indicate this patient was at high risk for deep vein thrombosis following xxxx surgical procedure. On 09/16/14, a correspondence was submitted by xxxxx, noting that the records do not indicate this patient was at high risk for DVT or pulmonary embolisms following a surgery and there is no documentation of an inability to ambulate. Therefore, the requested service was not considered medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The records include 1 clinical note which includes pre-op orders for this patient indicating that xxxx was to have a laparoscopic procedure performed on or about 07/30/13. Orders were apparently written for a pneumatic compression device for protection for DVT. In a study written by xxxx, et al, the authors indicate that while various studies have shown mechanical compression to be effective

against DVT, the adequacy of the performance of these devices has not been conclusively determined. The submitted records do not indicate a rationale for this device at this time, as there is lack of significant clinical notes from the provider. There is no indication as previously stated of risk factors for this patient, and there is no indication for this device at this time. The recommendation is to uphold the previous determination.

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)

Feist, William R., Dominic Andrade, and Leonard Nass. "Problems with measuring compression device performance in preventing deep vein thrombosis." *Thrombosis research* 128.3 (2011): 207-209.

Morris, Rhys J., and John P. Woodcock. "Intermittent Pneumatic Compression or Graduated Compression Stockings for Deep Vein Thrombosis Prophylaxis?: A Systematic Review of Direct Clinical Comparisons." *Annals of surgery* 251.3 (2010): 393-396.

Koo, Ki Hyung, et al. "Comparison of Clinical and Physiological Efficacies of Different Intermittent Sequential Pneumatic Compression Devices in Preventing Deep Vein Thrombosis: A Prospective Randomized Study." *Clinics in Orthopedic Surgery* 6.4 (2014): 468-475.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)