

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/06/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: pool hand railing, larger mailbox, automatic electric door openers

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation and 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for pool hand railing, larger mailbox, and automatic electric door openers is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. He is status post multiple amputation of the left upper extremity, multiple debridements, release of contractures of the right hand with pinning of the 34d, 4th and 5th digits. Occupational therapy home evaluation dated 06/11/14 indicates that the patient has extremely thin skin. The patient requires minimum to moderate assistance for all ADLs including eating, meal preparation, bathing and dressing.

Initial request for pool hand railing, larger mailbox, automatic electric door openers was non-certified on 08/11/14 noting that there is no clear detail provided why these devices are being requested. Additionally, there was also no clear detail provided whether the patient has existing upper extremity prosthetic devices and what specific overall functionality has been achieved with these devices. Letter dated 09/09/14 indicates that automatic/electric door openers, larger mailbox (has cut his hand getting the mail in a small box), pool hand railing (safety) are medically necessary for home safety and independence. The denial was upheld on appeal dated 09/24/14 noting that 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.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The requested devices including pool hand railing, larger mailbox and automatic electric door openers appear to be convenience items. The Official Disability Guidelines define durable medical equipment 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. The requested items do not meet these criteria and as such are not durable medical equipment. As such, it is the opinion of the reviewer that the request for pool hand railing, larger mailbox, and automatic electric door openers is not recommended as medically necessary. The prior denials are upheld.

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)