

# INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**12/27/2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** modifications and equipment for vehicles

**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

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

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Clinical notes 06/03/11  
Clinical notes xx/xx/xx  
Clinical notes 04/03/12  
Clinical notes 10/09/12  
Clinical notes 02/11/13  
Clinical notes 05/13/13  
Itemized estimate 10/17/13  
Adverse determinations 11/04/13  
Adverse determinations 11/21/13  
Adverse determinations 12/04/13

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained a spinal cord injury at C7 when he fell off a train. Clinical note dated xx/xx/xx indicated the patient having a lower cervical spine fracture and dislocation with resulting in spinal cord injury. The patient had significant weakness in the hands, arms, and paralysis in all extremities. The patient subsequently regained some degree of independence with the use of a power chair. The patient had increase in dependence secondary to spasticity. Clinical note dated 06/03/11 indicated the patient traveling 18 to 20 thousand miles annually to meet his physical therapy demands. The patient was recommended for adaptive vehicle for driving purposes. The patient was trained successfully in operating a power wheelchair including entering and exiting the vehicle. Clinical note dated 04/03/12 indicated the patient being recommended for wheelchair. The patient had no neurological deterioration. Clinical note dated 10/09/12 indicated the patient having neurogenic bladder. The patient obtained a new wheelchair that did not fit his current van. The clinical note dated 05/13/13 indicated the patient currently utilizing a wheelchair that was approximately seven to eight years old. The patient had a wheelchair having a worn paint with rust showing through. Duct tape also covered the upholstery. The tires had lost the majority of their tread. The patient was recommended for a new chair at this time. Itemized estimate dated 10/17/13 indicated the patient being recommended for an adaptive vehicle conversion.

Utilization review dated 11/04/13 resulted in denial as the invoice included the purchase of a vehicle and then modifications to the vehicle. No information was submitted regarding the ability of the patient to function and operate a vehicle.

Utilization review dated 11/21/13 resulted in denial as no information was submitted regarding the ability of the patient to transfer from a wheelchair to a vehicle independently. Additionally, no information was submitted regarding the need for the modifications with justification for limitations of the patient indicating the need for the modifications.

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

Clinical documentation submitted for review noted the patient having sustained a cervical spinal cord injury. Adaptations to a vehicle would be indicated provided the patient meet specific criteria including the patient having significant functional deficits that warrant the need for appropriate vehicle adaptations. The patient had a spinal cord injury in the cervical spine. However, no objective data was submitted confirming the need for the requested vehicle adaptations. As such, it is the recommendation of this reviewer the request for modifications and equipment for vehicles is not recommended as medically necessary.

**IRO REVIEWER REPORT TEMPLATE -WC**

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR**

## **OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

### **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

### **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

#### Durable medical equipment (DME)

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)

**PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

**TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &**