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Notice of Independent Review Decision

Date notice sent to all parties:

February 26, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase of Electric 4-wheel Scooter for symptoms related to right ankle injury between 1/6/2014 and 2/20/2014

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Upheld (Agree)

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:

Progress note dated 04/08/02
Progress note dated 08/09/02
Progress note dated 04/10/02
Progress note dated 11/08/02
Progress note dated 03/07/03
Progress note dated 01/07/04
Progress note dated 10/12/05
Progress note dated 11/02/05
Progress note dated 12/06/05
Progress note dated 01/04/06

Progress note dated 02/01/06
Progress note dated 03/01/06
Progress note dated 04/12/06
Progress note dated 10/11/06
Progress note dated 04/11/07
Progress note dated 10/10/07
Progress note dated 04/09/08
Progress note dated 10/08/08
Clinical note dated 03/29/04
Operative report dated 04/21/04
Operative report dated 04/26/04
Clinical note dated 05/10/04
Clinical note dated 07/01/04
Clinical note dated 10/26/05
Operative note dated 12/14/05
Clinical note dated 08/25/08
Clinical note dated 12/08/08
Clinical note dated 01/05/09
Progress note dated 11/11/13
Progress note dated 11/15/13
Adverse determinations dated 12/26/13 & 01/09/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a right ankle injury. The clinical note dated 03/29/04 indicates the patient complaining of lower extremity pain that was rated as 7/10. The operative report dated 04/21/04 indicates the patient undergoing a trial of a spinal cord stimulator. The clinical note dated 08/25/08 indicates the patient having recurrent tarsal tunnel syndrome at the right ankle. The note does mention the patient having undergone a decompression to address these issues. The clinical note dated 01/05/09 indicates the patient utilizing a TENS unit. The patient was also noted to have undergone a lumbar fusion. The clinical note dated 11/15/13 indicates the patient having undergone physical therapy as well as the use of orthotics and stockings at the right ankle. The note does mention the patient having ultimately developed complex regional pain syndrome which was noted to be affecting his mobility. The note mentions the patient utilizing an electrical scooter. The note mentions the patient being unable to ambulate with crutches or a walker for more than short distances. The patient had complaints of increased pain with weight bearing. Evaluation of the upper extremities revealed the patient having 4+/5 strength with functional range of motion. The patient's current scooter is no longer viable as replacement parts are no longer available.

The utilization review dated 12/26/13 resulted in a denial for an electric scooter as the presented clinical information revealed no indication that weight bearing with crutches or a manual wheelchair could not be used.

The utilization review dated 01/09/14 resulted in a denial for an electric scooter as

no documentation was submitted supporting the need for a scooter as no information was submitted concerning the use of assisted devices to include a walker for ambulatory purposes.

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

The documentation indicates the patient having developed complex regional pain syndrome. An electric scooter would be indicated provided the patient meets specific criteria to include the patient noted to have functional mobility deficits where the use of a cane or a walker are not viable alternatives, or if the patient has insufficient upper extremity functional abilities to propel a manual wheelchair. The documentation indicates the patient having 4+/5 strength in the upper extremities. Additionally, the patient is noted to ambulate throughout his home. Given these findings, it does appear that the patient would be able to use a manual wheelchair. As such, it is the opinion of this reviewer that the request for a purchase of an electric 4 wheel scooter is not recommended as medically necessary.

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

Power mobility devices (PMDs)

Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. (CMS, 2006) Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. See also Immobilization.