

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: March 3, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase Hospital Bed

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

This physician is Board Certified in Family Medicine with over 13 years of experience.

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx. She suffered a crush injury to the ankle and subsequently developed RSD to both upper and lower extremities bilaterally.

On March 30, 2011, Operative Report. Postoperative Diagnoses: 1. Malfunction of spinal cord stimulator. 2. Chronic pain syndrome. 3. RSD of upper limb and RSD of lower limb. Procedure: Replacement and relocation of spinal cord stimulator, IPG.

On March 4, 2013, the claimant was seen in follow-up for back pain at a severity level of 6. It was reported the problem was worsening and the pain occurs persistently. Medications: Baclofen 10 mg, Fentanyl 75 mcg/hr Transderm Patch,

Oxycodone 15 mg, Cymbalta 30 mg, Graslise 600 mg. On physical examination her gait was unstable, both sides, partial weight bearing, wheelchair. There was spasm of the lumbar muscles and moderate pain with lumbar ROM. The above medications were refilled and she was advised to resume activity as tolerated.

On June 3, 2013, the claimant was seen in follow-up for medication management. The claimant ambulated in a wheelchair. The symptoms were reported as being moderate and occur constantly. Aggravating factors included daily activity. Relieving factors included pain meds. Medications were refilled, including Oxycodone, Graslise, Fentanyl, Cymbalta, and Baclofen.

On September 3, 2013, the claimant was seen in follow-up for RSD pain and back pain. The claimant ambulated with a scooter chair. RSD symptoms were reported to be mild. Aggravating factors included everything. Relieving factors included pain meds. Back pain was rated a 3. The pain was in the lower back and radiated to the left and right thigh. The claimant reported she was not able to ascend/descend stairs, complete community errands, complete cooking activities, drive, sleep better, squat/kneel for ADLs, walk household distances and walk community distances. She reported she found it difficult to don/doff shirt/jacket, don/doff shoes/socks, fasten/unfasten brassiere, get into/out of bathtub, get in and out of vehicle, reach for seatbelt, sleep on affected side, stand from a seated position, wash back and wash hair. On physical examination she had lumbar muscle spasm and mild pain with lumbar ROM. There was edema, bilateral lower and upper extremity, severity 3+ with pitting. They were to begin titrating down Baclofen at the suggestion of WC insurance. The remaining medications were refilled.

On September 30, 2013, the claimant was seen in follow-up for shaking she developed after being weaned down off of the Baclofen. She started shaking the next day and was having increased spasticity that was getting extreme. It was stated that the Baclofen controlled these symptoms and without it, she had been getting worse. Since her last visit she reported shaking uncontrollable and jerking. Restarting Baclofen was recommended.

On November 15, 2013, UR. Rationale for Denial: A request for hospital bed has been made due to her lack of mobility secondary to CRPS. The rationale states that adjustable bed is necessary to prevent falls occurring when trying to get in and out of bed and elevating leg system would decrease swelling of lower extremities. However, the patient can elevate her legs using pillows underneath her legs. Furthermore, it is unclear how an adjustable bed would eliminate falls. It seems that the patient has been using unknown hospital bed for several years. Finally, a family member can help her getting in and out of the bed. The necessity of the request is not substantiated at this time.

On November 25, 2013, the claimant was seen in follow-up for medication refill. She stated that it had been a bad month and she was in need for a hospital style bed that would help her get in and out as she could not elevate her legs. felt it would be very beneficial as she had no one to help her with this.

On January 13, 2014, UR. Rationale for Denial: The patient suffered an ankle fracture and she now has an accepted diagnosis of Reflex Sympathetic Dystrophy. A letter requesting appeal for the purchase of a hospital bed is reviewed with a date of 12/13/13. The letter suggested the need for this bed is based on a complaint of back pain and wheelchair bound status. There is a report that the patient has intractable pain in the upper and lower extremities. It is reported that the hospital bed will help the patient perform transfers into and out of bed and into and out of her wheelchair. There is also report that swelling of the legs causes a need for a bed that can elevate her feet. On 7/31/13, a home assessment was performed. It was noted that the patient is confined to a wheelchair. The patient was able to move the manual wheelchair through the house without assistance. There is no mention of assessment of patient's ability to transfer from bed to wheelchair. evaluated the patient on 9/30/13 for medication management. There is mention that Baclofen was weaned and therefore, there was significant spasm that returned. The exam on 9/30/13 found no distress. She was ambulatory in a scooter. There was severe spasticity and a report of unsteady gait. The IRO on 7/11/13 and 7/24/13 confirmed a wheel chair ramp was not medically necessary. The above guidelines do not specifically address the use of a hospital bed. However, there are other DME guidelines for walking aids that can be used for extrapolation. There are negative outcomes associated with non-use and therefore, lack of necessity as noted above. In reference to the notes, the attorney letter indicates that the patient has intractable upper extremity pain and therefore, there is little expectation that the patient will be able to use the hospital bed devices and in fact, they may hinder the ability to merely roll to the edge of the bed with less stress on the upper and lower extremities. Furthermore, the Appendix D criteria suggest that functional improvement must be a goal of any treatment, which in this case would include DME/hospital bed. There is no indication of true objective functional gain by obtaining a hospital bed. The medial necessity for the requested hospital bed DME is not validated.

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

The previous adverse determinations are upheld. A hospital bed may, in this instance, actually promote more immobility than encourage functional mobility. The rationale for ordering the hospital bed says that adjustable bed is necessary to prevent falls occurring when trying to get in and out of bed and elevating leg system would decrease swelling of lower extremities. However, documentation where other modalities to decrease edema, such as pillows or wedges, were tried and failed is lacking. Further, it is not clear how the hospital bed is expected to prevent falls (ie, bracing, positioning, lift).

Although ODG does not specifically address hospital beds per se, it does recommend the following in cases where medical care falls outside the guidelines: "In cases where the medical care is an exception to ODG, the health care provider should document: (1)extenuating circumstances of the case that warrant performance of the treatment including the rationale for procedures not addressed

in ODG; (2) patient co-morbidities, (3) objective signs of functional improvement for treatment conducted thus far; (4) measurable goals and progress points expected from additional treatment; and (5) additional evidence that supports the health care provider's case." Unfortunately these criteria have not been met and therefore cannot be validated. Therefore, the request for Purchase Hospital Bed is not found to be medically necessary.

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 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)**