

Medical Assessments, Inc.

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Notice of Independent Review Decision

March 17, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Home Health personal assistant for spinal cord injury for eight hours per day, seven days per week (dates 10/24/13-4/24/14)

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

The Reviewer is Board Certified in the area of Physical Medicine & Rehabilitation with over 16 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 when the driver of the bus she was riding on lost control of the vehicle and went over a cliff, falling 100 feet. She was taken to a local hospital and then transferred to Hospital on xxxxx where she was found to have a burst fracture at T11 and T12 with severe dislocation. She underwent spinal stabilization surgery at T10-T12 on May 30, 2008 and then referred for direct inpatient rehabilitation at TIRR. Following inpatient rehabilitation she has been followed by neurosurgery, physical medicine and rehab specialist and pain management. She has also undergone a sling procedure for neurogenic bladder. She also underwent spinal cord stimulator and intrathecal pain pump implantation.

04/30/2013: Required Medical Examination. The claimant has lower extremity weakness and has abnormal sensations distally, numbness, tingling, burning and pins and needles. She also reported weakness involving the left arm which has been attributed to the syrinx. There are no neurosurgical plans at this time. She also has chronic pain involving the back in addition. She has been also having some issues with regards to shoulder pain on the left which has been attributed to rotator cuff and there are no plans for a surgery at this time. She also has been complaining of spasticity and is on Zanaflex. She utilizes a home health aide for all functioning and including wound care, transfers, transportation etc. Claimant is unable to drive but does live alone with assistance for transfers and self-care activities. **Medications:** Provigil, Baclofen, Celexa, Zanaflex, Synthroid Lasix, Fentanyl pump, Coumadin, Norco, Lidoderm, Ditropan, Flector, Calcium, Myrbetriq ER. **Examination:** General. Claimant with manual wheel chair. CNA present. She is able to propel her own share but required total assistance of the caregiver to get her off the chair to the table. Examination of the thoracic and lumbar spine indicates normal curvature. Incision is well-healed. Palpable intrathecal pump. No tenderness. Decreased tone. No abnormal curvature at this time. Overall posture fair. Lower extremity evaluation indicates atrophy and flaccid tone. Bilateral calves were unwrapped revealing stage two ulcers without drainage or areas of necrosis or infection, no foul smell or purulence. Upper extremity evaluation indicates no atrophy, no shoulder subluxation with decreased range of motion and equivocal impingement sign bilaterally. No contractures. Neurologic examination was abnormal for absent sensory findings below L1 bilaterally. Motor strength was absent including hip flexor's, quadriceps, hamstrings, adductors and distally. Reflexes brisk. Positive clonus bilaterally. Rectal sensation deferred. **Impression:** 1. Complete spinal cord injury, L1 level with resulting paraplegia. 2. Neurogenic bowel and bladder. 3. DVT/IVC filter. 4. Posttraumatic syrinx. 5. Central pain syndrome, chronic neuropathic pain. 6. Bilateral lower extremity ulcerations related to pressure. 7. Anxiety/depression. 8. Spasticity. 9. Intrathecal fentanyl pump. 10. Probable rotator cuff tear. 11. Functional impairment related to number one. 12. Hypothyroidism. **Discussion:** Patient has been given a caregiver 24 hours daily since 2009 to help with all aspects of her self-care. The patient states that she's not able to do much for herself including transfer which is somewhat irregular as it is my experience that paraplegics typically do not require total assistance for self catheterization or a bowel program and usually can transfer themselves. The patient does have some impairments however the upper extremity possibly related to development of an ascending syrinx, rotator cuff issue and development of cervical degenerative disc disease. In addition the patient has lower extremity ulcerations and is not able to perform wound care. I did see the caregiver physically have to lift this patient up to help to a transfer.

06/12/2013: Physician Prescription: Wheelchair Seating/Mobility Evaluation. **Mobility:** Full time manual wheelchair user using optimally configured ultra lightweight manual wheelchair. **Balance:** Good sitting balance. **Transfers:** Modified ind. With slideboard but occasional assist needed when lower extremity spasms occurs. **Eating:** Independent at wheelchair level. **Grooming/Hygiene:**

modified independent at wheelchair level. **Bathing:** Assist needed for lower body due wound on both legs; uses RSCC. **Dressing:** Assist needed with LB dressing depending on spasticity. **Bladder Management:** Independent with ICP every 4 hours. **Bowel Management:** Bowel program every night at RSCC. **Weight shift technique/ability:** Independent via pushups or leaning side to side. **Meal preparation:** Independent with simple meal preparation; assist needed for complex cooking. **Laundry:** Assist needed. **House Cleaning:** Assist needed. **Shopping:** Assist needed. **Money Management:** Independent. **Equipment used in MRADL's tasks:** RSCC, hospital bed, slideboard, stander, reacher. **Living Situation:** 1 story home with ramp, bathroom accessible, bedroom accessible, assistance/attendant care is 12 hrs/day x 7 days a week. **Community ADL:** Transportation: modified van; drives via hand control. Employed full time elementary school counselor. Leisure interests: play with grandkids, physical fitness, reading, calligraphy.

09/23/2013: Evaluation. Claimant was seen for a pump refill with Fentanyl 1.5mg and medication refills. Pain level is 6/10 w/ medication. **Medications:** Flexor patch Q 12 PNR, Fentanyl Patch 12mcg, Lidoderm patch 5% 3QD, Hydrocodone 10/325 1 QID. **Diagnosis:** 722.83 Lumbar postlaminectomy syndrome, 952.9 Spinal cord injury nos. **Assessment/Plan:** 1. Pump refill today, ITP refilled today in sterile fashion, 6 ml residual removed, 20ml of solution 1 mg/ml Fentanyl, Rate changed 0.6%, Current base rate is at 460.5 with PGA with a total of 600.9, Next RF order fentanyl 2mg/ml 20cc. 2. Next pump refill date is 11/06/13. 3. Pain medications: Lidoderm patch 5% 3-4 daily 12hr on and 12 hr off, Flector patch 1.3% 1-2 q 12 hrs #90 x 1 RF, Provigill 200mg 1 po bid #60 x 1 RF, Hydrocodone 10/325 QID, Promethazine 25mg Q6 PRN #60, Emla cream 2% #1 tube, d/c amitriptyline 25mg 1 po daily.

10/28/2013: Medical Evaluation. Claimant presents as a T12 AIS B spastic paraplegic with resultant neurogenic bladder and bowel. Over the last years, claimant has encountered numerous complications and requires assistance for activities of daily living. Since about 2009, following her injury and discharge from inpatient rehabilitation, she has had a 24-hour caregiver. She has an extensive medical history since her injury, which will not be detailed but summarized as follows: Impressions: **T12 AIS B spastic paraplegia. Wounds:** Right flap graft to lateral distal lower leg, ongoing treatment, Left lower extremity distal wound, healed, Coccygeal decubitus, healed. **Chronic neuropathic pain and spasticity:** Intrathecal fentanyl pump, Lidocaine patch, Flector patch, Norco, Failed Neurontin, Lyrica, oral and intrathecal morphine, Tizanidine, Baclofen. **T11-12 syringomyelia. Right rotator cuff injury, Left greater than right shoulder impingement, Bilateral lower extremity DVT's:** treatment with Coumadin now discontinued, IVC filter, **Disuse osteopenia/osteoporosis, Cervical degenerative disc disease, Bladder suspension surgery, Anxiety/depression, Hypothyroidism. Functionally:** The claimant requires assistance with dressing her lower body, carrying groceries and some shopping tasks, transferring to surfaces that are not level (at wheelchair height), assistance with housekeeping tasks such as bathroom cleaning, floor cleaning, dusting at heights or at floor level, and cooking complex meals/dishes. She is able to

perform her own bowel program and self-catheterizations. **Medically:** The claimant has wounds on her lower extremities that she is not able to manage. Her caregiver must change her bandages, provide foot care and leg shaving, and apply her protective orthotics. The claimant has impaired range of motion of both shoulders with the left being worse than the right secondary to impingement and medical records reveal she has cervical degenerative disc disease. She has chronic neuropathic pain and requires assistance with her daily range of motion, stretching and exercises. She has disuse osteopenia/osteoporosis and is a high risk for fracture with even a minor fall. **Preliminary Opinions:** The patient has numerous medical complications that result in an increase in the level of personal care assistance required and increase her dependence upon others for assistance for activities of daily living and household services. She has continued in her career as a school counselor and is able to drive and participate in many activities of daily living. However, due to her extensive complications, primarily her wound care needs, her requirement for assistance with transfers and ADLs due to her shoulder injuries and cervical spine degeneration, and her chronic pain, she requires a level of care that exceeds that of a typical T12 injury. It is our opinion that she requires 12-16 hours per day of personal care assistance that is medically necessary to both promote health and prevent injury and further medical complications.

11/12/2013: Follow-up. Since last see, the claimant has not had any improvement in her neurological condition and continues to have a complete spastic paraplegia. She notes that the fentanyl pump that she had placed in 2011 does not improve her situation quite a bit with the diminution in her pain and allows her to function. As this point, there are no surgical interventions to offer that would be of any use to her. Clearly, the claimant needs to continue with the fentanyl pump. It is very clear that she claimant needs to have full-time attendant when she is at home for her personal needs and to allow her to be able to function and continue to work.

12/13/2013: Evaluation. **Chief Complaint:** LBP that is controlled with ITP and pain medications. **Medications:** Flector patch Q 12 PRN Pain, Fentanyl Patch 12Mcg Changed Q2-3 Days, Lidoderm Patch 5% 3QD to Affected areas 12*on/12*off, Hydrocodone 10/325mg 1 QID. **Diagnosis:** 722.83 Lumbar postlaminectomy syndrome, 952.9 Spinal cord injury nos. **Assessment/Plan:** 1. Pump refill today, ITP refilled in sterile fashion, 6.8 ml residual removed, 20ml of solution 1.5mg/ml Fentanyl, Current base rate is at 460.5 with PCA with a total of 672.8 with 6x 24 hours. 2. Next pump refill date 01/22/2014. 3. Pain Medications: Lidoderm patch 5% 3-4 daily 12hr on and 12 hr off #120 x 1RF, Flector patch 1.3% 1-2 daily q 12 hours #90 x 1 RF, Provigil 200 mg 1 p, Hydrocodone 10/325 QID # 120 x 1 RF, Promethazine 25mg Q6 PRN-no refills needed, Emia cream 2 % #1 tube, Addeall XR 10mg QD #30, Dilaudid 4mg QHS #30, Prescribed compound agent-4. RTC for RF (vkd).

12/30/2013: IRO Decision **Description of the Services in Dispute:** Continued approval for home health care, spinal cord injury: four hours per day, seven days per week for dates of service 10/24/13 thru 1/24/14 as requested **Review**

Outcome: Upheld. **Analysis and explanation of the decision:** the documentation submitted for review elaborates the patient having sustained a low back injury resulting in a loss of sensation in the lower extremities. Home health care would be indicated provided the patient meets specific criteria to include the need for intermittent or part time care and the patient is noted to require medical treatment despite being home bound. According to the documentation submitted for review, the patient presents as needing constant care to include with all transfers, all activities of daily living, as well as bladder and bowel control. According to the submitted clinical documentation it appears the patient is in need of constant care to include for all functional assistance. Thus, the patient's needs exceed recommendations. As such, it is the opinion of this reviewer that the request for continued home health care 4 hours per day, 7 days per week from 10/24/13 through 01/24/14 is not recommended as medically necessary.

01/22/2014: UR. Rational for denial: The guidelines indicate home health would only be recommended for otherwise recommended medical treatment for claimants who are home bound on a part-time basis. Medical treatment would not include homemaker services such as shopping, cleaning, laundry, or personal care such as bathing, dressing, or use of the bathroom when this is the only care needed. The records reflect the claimant receives care for showering, perineal care, skin care, oral care, nail care, dressing assistance, elastic stocking assistance, transfers, wellness center, medication reminders, toileting, incontinence care, intake/outtake, treadmill, snacks, linen changing, grocery shopping, and wheel chair movement. Based on the individual's functionality, there is no demonstrated need for any required services 8 hours per day. I would observe that a lot of the services that have been provided are not those recommended by the official Disability Guidelines (ODG) as being necessary from a home health care stand point. This individual is reportedly able to go to work each day, driving her own modified vehicle. The provided documentation does not establish that there are required medical duties needed that would take 8 hours. Many of the services being rendered are not considered medical treatment but rather personal assistance. Further, based on the functional ability, few medical assistance tasks are actually needed. I would once again recommend 4 hours per day assistance.

02/19/2014: UR. Rational for denial: The previous non-certification on January 16, 2014, was due to a lack of functionality requiring home health services each day and as the requested service was not recommended by the guidelines as being necessary from a home health care standpoint. This further stated that a peer-to-peer discussion was performed and it was agreed that the service could be provided for four hours per day. Following this, a request was submitted for appeal of eight hours per day, and after review four hours per day was recommended. This apparently was appealed to an Independent Review Organization (IRO) and IRO upheld the four-hour approval. The previous reviewer reported not agreeing with this, as the guidelines indicate home health is only recommended as medical treatment for individuals who are homebound on a part-time or intermittent basis. Additionally, medical treatment does not include homemaker's services, such as shopping, cleaning, laundry or person care, such

as bathing, dressing, or use of the bathroom when this is the only care needed. Finally, the claimant was reported to be able to go to work each day, driving her own modified vehicle. The provided documentation did not establish the required medical duties that would take eight hours per day and therefore, the request was non certified. There are no additional medical records available for review. The previous non-certification is supported. The guidelines do not support homemaker's services like shopping, cleaning and laundry, or personal care. The records support four-hour day services and have been approved. The provided records do not support that eight-hour home health care days are needed. Based upon the medical documentation provided for review and the peer-reviewed, evidence-based guidelines, the request is not medically supported.

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

Determination: uphold/agree upon denial of Home Health personal assistant for spinal cord injury for eight hours per day, seven days per week (dates 10/24/13-4/24/14) since ODG recommends home health care for home bound patients on a Part Time basis not including homemaking chores. The submitted clinical information notes modified independence in transfers and self care with assistive devices and full time employment. The request of 8 hours a day 7 days a week of personal assistance is in excess of the claimant's care needs.

PER ODG:

Home health services

Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. These recommendations are consistent with Medicare Guidelines. ([CMS, 2004](#))

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)