

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 12, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 12 hours per day of a home health aide for 60 days

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	12 hours of home health aide		Prosp	60			Xx/xx/xx	xxxxx	Upheld

TDI-HWCN-Request for an IRO-27 pages

Respondent records- a total of 63 pages of records received to include but not limited to:

1. TDI letters 2.2.14
2. Hospital Notes – 12.22.13-2.7.14
3. Home Health Care Notes – 11/29/13 to 12/9/13
4. Rehabilitation Letter – 12/26/13
5. Statement of Medical Necessity – 1/17/14
6. Referral Order – 1/27/14, 2/7/14
7. UR Denial – 1/30/14

8. Request for Reconsideration – 2/7/14
9. UR Reconsideration Uphold – 2/14/14
10. UR Outpatient Certification – 1/30/14,2/18/14
11. Medical Note – 2/27/14

Requestor records- a total of 13 pages of records received to include but not limited to:

1. Hospital Notes – 10.15.13-2.7.14

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a gentleman who reported an industrial injury to the bilateral upper extremities on xx/xx/xx. The injured employee's bilateral upper extremities were caught in a furnace.

The documentation submitted for review noted the injured employee had sustained bilateral transradial amputation secondary to severe burns.

The first medical records for the compensable injury were from October 15, 2013, reporting the injured employee underwent revision of right amputation stump with shortening of bone by two inches. There was an excision of neuroma times four and burial of neuroma times four in the muscle.

On evaluation on October 25, 2013, the injured employee did not have phantom tingling. The injured employee was using the left arm for functional tasks and was able to drink from a cup. On physical examination, the left arm was healed with good padding distally and soft scarring. He was able to open the myoelectric hand and rotate the wrist. The right wrist had a fresh incision line with no erythema or drainage. The recommendation was for wound care and right upper extremity transplant.

At a follow-up evaluation on November 22, 2013, the injured employee had seen who recommended fitting a prosthesis in early December. The recommendation was to continue wound care.

The injured employee was evaluated on December 22, 2013. The injured employee was fitted with a right-sided prosthesis without any problems. There was no pain or neuropathic pain. On examination, the incision was well-healed. There was soft tissue overlying the distal end of the amputation stump. The clinical assessment was the injured employee was doing well after right amputation stump revision.

A physical therapy evaluation on December 26, 2013, reported the injured employee was able to perform bimanual tasks. There was a lot more function with bimanual tasks; ADLs were still difficult with the prosthesis. The injured employee was using modified independence for eating tasks and bathed with modified independence by using adaptive environment.

The injured employee returned for a follow-up evaluation on January 10, 2014. The injured employee's mother was providing assistance 16 hours per day. The recommendation was to continue with home modifications.

A Preauthorization Report dated February 14, 2014, noted the Official Disability Guidelines recommends home health care on a part-time or intermittent basis. The submitted documentation indicated the injured employee had undergone daily home health care. The notes indicated the injured employee had been able to bathe himself, feed himself, and complete toileting without assistance.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

MEDICAL RECORDS REVIEWED:

RATIONALE:

Based on the medical provided for review and the Division-mandated Official Disability Guidelines, the proposed home health aide 12 hours per day for 60 days is not supported. The Official Disability Guidelines states, "Recommended for otherwise medical treatment for patients that are homebound on a part-time or intermittent basis. Medical treatment does not include home maker services, such as shopping, cleaning, and laundry and personal care, given by the home health aides like bathing, dressing, and using the bathroom when this is the only needed care." Per the medical records, the injured employee is able to bathe and dress himself, feed himself, and complete toileting without assistance. Therefore, the request does not meet guideline recommendations.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES