

Pure Resolutions LLC
An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 779-3288
Fax: (888) 511-3176
Email: brittany@pureresolutions.com

Date: 2/7/2018 10:59:08 AM CST

Amended 2/26/2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Home health aide 12 hours a day, 7 days per week for 6 months (2184 hours)

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

REVIEW OUTCOME:

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

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury was detailed as the patient experiencing XXXX. This resulted in a diagnosis of a burn of over 78% of XXXX body which resulted in bilateral transradial amputations. In the clinical note dated XXXX, it was noted that the patient was XXXX. In the clinical note dated XXXX, it was noted that the patient was in need of medications and a prescription to renew XXXX XX. The patient reported no changes. The patient was wearing bilateral upper extremity myoelectric prosthesis and move all of XXXX extremities as before. It was reported that the patient had diminished activities of daily living. In the clinical note dated XXXX, it was noted that the patient had a home health aide for 15-16 years. The patient required an aide 12 hours a day to help with XXXX activities of daily living. Simple tasks such as buttoning bread, picking up tiny object off the floor, buttoning clothes, tying shoes, or any other activity living were extremely difficult. It was reported that the patient required an aid to help XXXX function daily. It was reported that the patient could not get the prosthesis wet and could not wash XXXX own dishes. The treatment plan included for the patient to receive a home health aide for 12 hours a day, 7 days a week, for 6 months.

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

According to Official Disability Guidelines, Pain (Chronic), home health services are recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term in-home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. The patient must also be

homebound and have trouble leaving the home without help. The patient reportedly had home health care for over XXXX years. This care has not been on a short- term basis. There is also a lack of documentation regarding the patient being home bound. It was reported that the patient was able to drive. There is specific rationale for the home health aide in this case, though there is a lack of documentation of a recent occupational therapy assessment to determine the need for assistance with XXXX activities of daily living (vs. ways of adapting XXXX).

Therefore, the request for the XX is seen as medically necessary and the prior determination is overturned. However, it would be reasonable to require a formal OT assessment prior to further approval of this service.

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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Pain (Chronic), Home health services