

**CALIGRA MANAGEMENT, LLC**  
**344 CANYON LAKE**  
**GORDON, TX 76453**  
**817-726-3015 (phone)**  
**888-501-0299 (fax)**

---

July 9, 2018

**IRO CASE #: XXX**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Home health OT – two evaluations and 20 sessions related to low back open wound/injury

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

Physical Medicine and Rehabilitation Physician

**REVIEW OUTCOME:**

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

X 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.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a XX who sustained an injury on XX. XX sustained a penetrating injury to the low back secondary to a XX.

On XX, the patient was seen by XX, M.B.B.S., status post deep low back injury with active bleeding and laceration on the left buttock. On arrival, the Glasgow Coma scale (GCS) was 15. A computed tomography (CT) of the head, thorax, cervical spine, thoracic spine and lumbar spine were obtained. The diagnosis was status post shrapnel injury to the back. Figure of 8 dressing was done on the bedside and intravenous XX was administered. The patient was admitted under trauma care.

On the same day, XX, M.D., evaluated the patient for hemorrhage. XX opined the patient would require two days hospitalization followed by home self-care.

From XX, through XX, the patient received Occupational Therapy (OT) and physical therapy (PT) for the back injury.

On XX, XX M.D., noted granulation tissue within the wound bed of the low back and recommended wound care to be done by family or home health when discharged.

The PT note dated XX, revealed the patient reported only mild pain, and XX had been ambulating around the hallways without assistive device multiple times this date. Bed Mobility: The patient performed supine <> sitting with modified independence. XX maintained static/dynamic sitting balance with Independence. Transfers: The patient performed sit <> stand with independence. XX maintained static standing balance with independence. Gait: The patient ambulated 300 feet with independence. XX demonstrated step through gait pattern and typical gait speed without evidence of instability or deficits. Assessment: The patient tolerated treatment well without any difficulties. XX was independent with all mobility at this time. Discharge Recommendations: Home with assistance as needed. No DME needed. The patient was discharged secondary to all goals being met with independence in mobility.

The OT note dated XX, revealed the patient had been performing self-care and self-care mobility with improved performance. XX noted in long sitting able to perform various reaching movements with little to no difficulty. XX was provided with education on post discharge recommendations, equipment use, bathing protocol, fall prevention, adaptive strategies. Assessment: The patient was adequately able to perform self-care and had met all short-term goals. Recommendation: Patient would also benefit from the following equipment: Shower chair.

On XX, XX, RN/XX, FNP noted "A wound VAC was placed and needed to be changed in three days. It was stated that the home health services were needed for evaluation and treatment; skilled nursing services were needed for wound care, wound VAC management and change 03 days; and PCP follow-up. The clinical findings supported that the patient was homebound and needed home health care." (Partially legible record)

On XX, documented the patient's back wound was earlier treated with two sutures and blood patch to stop active bleeding, and a wound VAC for proper wound healing was placed. The patient's XX assisted with all ADLs/IADLs, medication assistance, cooking, cleaning, shopping, and taking XX to MD appointments. Homebound status: Residual weakness and the patient needed assistance for all activities. Current plan: A nurse would be doing dressing on Monday-Wednesday-Friday until healing of the patient's back wound.

On XX, Onsite visit assessment by XX, RN, revealed the patient was provided assistance by XX husband for activities of daily living such as bathing, dressing, toileting, bowel/bladder, eating/feeding; and assistance with medical appointments. The patient was homebound due to residual weakness and needed assistance for all activities. XX experienced pain all the time. On exam, the lower medial back wound measured 1.3 x 3.5 x 1.5 with light pink wound bed draining sanguineous fluid to wound VAC. No odor was detected. The patient ambulated with weakness to bilateral lower extremities following being discharged from the hospital. XX ambulated unassisted while holding onto furniture short distance in XX home. XX needed assistance with grooming,

dressings, standby assistance with bathing. XX was independent with toileting. XX was able to transfer with minimal human assistance or with use of an assistive device. It was noted that the helper did more than half of the effort, and the patient needed substantial/maximal assistance. The patient was independent with eating but unable to make meals.

Per utilization review dated XX, the requested XX, 2 evaluations and 20 visits, related to the lower back injury was denied. Rationale: *"The Official Disability Guidelines state that 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. Justification for medical necessity include objective deficits in function and the specific activities precluded by such deficits, the expected kinds of services that will be required, with the exception of tasks and services that can be performed free of charge by the worker's spouse or other household member, with an estimate of the duration and frequency of such services. In this case, however, it was noted that the patient had been performing self-care and self-care mobility with improved performance. The patient noted in long sitting position, able to perform various reaching movements with little to no difficulty. It was additionally noted that the patient was adequately able to perform self-care and had met all short-term goals. Additionally, there was a lack of documentation indicating the patient would be unable to secure transportation to and from an outpatient therapy center to sufficiently warrant this request. As such, the request for Home Health Occupational Therapy Services, 2 evaluations and 20 visits, related to lower back injury is not medically necessary."*

On XX, a denial notice was sent to XX.

Per a reconsideration dated XX, the request for home health occupational therapy services, 2 evaluations and 20 visits was denied. Rationale: *"The request for home health occupational therapy services, 2 evaluations and 20 visits was previously reviewed and received an adverse determination due to a lack of documentation that the patient could not participate in outpatient care services. The Official Disability Guidelines recommend home health services for patients who are homebound on a part-time or intermittent basis and cannot easily participate in outpatient services due to physical limitations. The clinical documentation submitted for review does indicate that the patient was evaluated on XX by physical therapy and occupational therapy services and it was documented that the patient was able to perform self-care activities and all short-term goals were met. Although the patient does have limited mobility, there is no documentation that the patient is unable to attend outpatient services. Additionally, the request for 20 sessions would be considered excessive, as the documentation specifically identifies that the patient should progress to independent ambulation quickly. As such, the risk consideration for home health occupational therapy services, 2 evaluations in 20 visits (XX), related to low back injury is not medically necessary."*

On XX, a denial notice was sent to XX

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

Based on the medical records it is clear that the individual is performing all self care activities and although XX has limited mobility there no evidence that the individual is unable to attend outpatient services. In addition, occupational therapy at two evaluations and twenty visits exceeds ODG recommendations for a low back injury. Per ODG ten to twelve visits would be considered reasonable. Therefore, the request is not medically necessary.

X Not Medically Necessary

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES