

Independent Resolutions Inc.
Notice of Independent Review Decision

Case Number: XX

Date of Notice: 4/30/2018 7:40:48 PM CST

Independent Resolutions Inc.
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IRO REVIEWER REPORT

Date: 4/30/2018 7:40:48 PM CST

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Aquatic Therapy plus motorized wheelchair and home health care 3 X week

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

REVIEW OUTCOME:

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

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

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XX who was injured when XX. The patient has undergone multiple surgical interventions to include cervical and lumbar fusions unsuccessfully. The patient has difficulty with mobility and ambulation and is required to use a walker at all times. Records indicate the patient has been trying to get an XX due to the lack of strength in XX arms and hands from cervical radiculopathy. The patient has poor range of motion and continues with pain to the neck, back, and extremities. The recommendation was made for the patient to restart aquatic therapy and should have home health care. The documentation indicates having home health care would help XX with activities of daily living as well as with personal grooming. On XXXX the patient was seen for a follow-up. The patient had to discontinue baclofen due to weight loss. Overall, the patient was doing the same since previous visit. XX has pain to the neck and low back. 4–9/10. The patient is utilizing XX and XX that are helpful in allowing increased function with activities of daily living. The physician indicated given the fact the patient has persistent moderate to severe chronic pain they will continue to utilize XX. Prior to this the patient was seen and on exam had poor range of motion in the cervical and lumbar spine. The patient did utilize a walker for ambulation.

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

The submitted documentation indicates this patient has a work-related injury for XX. The patient has undergone multiple cervical and lumbar fusions and continues to have difficulty with ambulation as well as cervical and lumbar pain. The patient does utilize a walker for ambulation and has participated in aquatic therapy. The recommendation

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has been made for the patient to participate in additional aquatic therapy plus utilize motorized wheelchair and receive home health care. However, the documentation does not indicate how many visits of aquatic therapy this patient has participated in. Furthermore, objective benefits are unknown. Therefore, at this time additional aquatic therapy would not be appropriate. The requested motorized wheelchair also is not appropriate as it does not appear the patient could not use a manual wheelchair or continue with a walker as XX is able to be functional with XX pain medication regimen. There is also no documentation to support the need for the multiple accessories being requested. Furthermore, home health care is also not recommended as there is no need for skilled services. The documentation does not indicate the patient would be utilizing home health care for services from a therapist or nurse. The guidelines do not recommend utilization of a home health care worker for services around the home. Given all the above, the requested services to include aquatic therapy as well as motorized wheelchair and home health care is not medically necessary, and the previous denial remains upheld.

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

1. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Aquatic therapy
2. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee and Leg, Power mobility devices (PMDs)
3. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Pain, Home health services