

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-1242.M2

NOTICE OF INDEPENDENT REVIEW DECISION

October 21, 2002

RE: MDR Tracking #: M2-02-1185-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in family practice which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 25 year old male sustained a work related injury on ___ when a fall resulted in a closed head injury. The medical record documentation indicated that the patient has been treated in ___ in ___ as well as an admission to ___ in ___. The patient is essentially bed ridden and has severe quadriparesis. In addition, he has a tracheostomy tube, a PEG tube, and decubitus ulcers. The treating physician has requested that the patient receive home health care.

Requested Service(s)

Home health care in the form of skilled nursing for 10 hours a day 7 days a week and a home health aid for 4 hours a day 7 days a week for duration of 6 months.

Decision

It is determined that home health care in the form of skilled nursing for 10 hours a day 7 days a week and a home health aid for 4 hours a day 7 days a week for a duration of 6 months is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient with a closed head injury has a tracheostomy tube that requires frequent suctioning, a PEG tube for feeding, a history of deep vein thrombosis with a Greenfield filtering device as well as decubitus ulcers. From a medical standpoint, this patient requires skilled nursing care as well as aid assessments and care in order to prevent complications and further skin deterioration. Therefore, the home health care in the form of skilled nursing for 10 hours a day 7 days a week and a home health aid for 4 hours a day 7 days a week for a duration of 6 months is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,