

July 23, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-1402-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___' IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is board certified in physical medicine and rehabilitaiton. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. Documentation provided indicated that the patient was involved in an airplane accident. The patient was evaluated in the emergency room. The initial diagnoses included closed head injury and bilateral upper lobe contusion, possibly aspiration vs. contusion. The patient underwent further testing that included X-Rays and CT scan. The patient was transferred to several facilities for evaluation and treatment. The diagnosis for this patient is cervical 3-4 tetraplegia-Asia A. At present the patient requires numerous medications, monthly and biweekly blood work, ultraousnd, weekly urine check for bacteria and 24 hour urine collections every six months for analysis. The patient requires a manual and power wheelchair, oxygen regulators, pulmonetic ventilator, suction equipment, pulse oximeter, feeding pump and a hospital bed. The patient also requires repositioning throughout the day while in bed or a wheelchair. The patient also requires bowel programme twice a day, with digital stimulation, during which he has autonomic dysreflexia. The patient occasionally requires irrigation of his suprapubic catheter.

Requested Services

24 hour LVN care.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a male who sustained a work related injury on ___. The ___ physician reviewer also noted that the diagnosis for this patient is cervical 3-4 tetraplegia-Asia. The ___ physician reviewer further noted that the treating physician is requesting 24-hour presence of two skilled staff (1 RN and 1 LVN) in the event the patient experiences emergency situation during bowel programme. The ___ physician reviewer explained that the medical records provided included a one-month record of the patients daily needs and care provided during the month of June 2003. The ___ physician reviewer indicated that during this entire month, even though the patient developed auto-dysreflexia during the bowel programme, the patient did not require any treatment besides discontinuing the digital stimulation. The ___ physician reviewer also indicated that during the entire month of June 2003, the patient experienced one episode of hypotension requiring administration of I.V. treatment. The ___ physician reviewer explained that based on the medical records provided, the patient requires the presence of one RN 24-hours a day to provide any skilled care need. The ___ physician reviewer also explained that the second person, or caregiver, can be a nonskilled person who could monitor the blood pressure, heart rate and respirations as needed. The ___ physician reviewer indicated that during possible episodes and/or emergency, the RN can administer treatment, including I.V. therapy, while the second person can monitor the patient's vitals signs and provide ambubag treatment. The ___ physician reviewer also indicated that the ambulance response time is indicated to be between 5 and 10 minutes. The ___ physician reviewer explained that the patient does require two people to care for him at all times. However, the ___ physician reviewer also explained that only one these people need to be an RN to provide skilled care required. Therefore, the ___ physician consultant concluded that the requested 24-hour LVN care is not medically necessary to treat this patient's condition at this time.

This decision 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 (ten)** 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 a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 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,

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 23rd day of July 2003.