

P-IRO Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #203

Mansfield, TX 76063

Phone: (817) 779-3287

Fax: (888) 350-0169

Email: manager@p-iro.com

Date: 5/15/2018 9:01:19 AM CST

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Home Health Aide: Four days per week, three hours per day, for three months for closed head injury

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Family 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 now XXXX -year-old XXXX with a history of an occupational claim from XXXX. XXXX was XXXX when XXXX had an XXXX, suffering a head injury with left posterior MCA hemorrhage stroke and left anterior ischemic stroke. XXXX was diagnosed with left middle cerebral artery hemorrhagic cerebrovascular accident. On XXXX, the patient presented for follow-up. The provider noted that the patient had been gradually improving, although XXXX still had right-sided weakness. XXXX speech had improved, and XXXX was able to walk across the room. XXXX had not had a seizure in several months, although XXXX was not able to return to work. On examination, the patient was alert and oriented. Right-sided weakness was noted on neurological examination. Prior treatment included physical therapy, and occupational therapy. According to the emergency department note dated XXXX, the patient presented for evaluation of a possible seizure in a post ictal state. The bilateral lower extremities had a dusky appearance on examination, and a CT scan performed at this visit revealed a large area of encephalomalacia at the left middle cerebral artery related to remote infarction, and small arachnoid cyst at the left middle cranial fossa. The patient was cleared for discharge home, and the provider noted that XXXX was homebound and had residual weakness with inability to safely leave the home unassisted, with shortness of breath, confusion, maximum assistance requirements, and the need for assistance with all activities. The patient was incontinent with weakness, ambulation difficulty, limited range of motion, and was chair/bed bound. The request was previously submitted for a home health aide for 3 months. This request was previously denied due to insufficient documentation supporting that the patient's presentation was a temporary situation, given that XXXX had now been greater than 1-year status post injury, given that guidelines recommend home health services only for intermittent or part-time treatment, generally up to no more than 35 hours per week.

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

Regarding the request for home health aide for 3 months, the request was previously denied due to guideline recommendations at home health be on an intermittent basis, and only for part-time treatment. In this case, the available documentation indicated that the patient sustained a head injury, and presented with a history of seizures, weakness, and the need for maximum assistance. Home health notes were provided for review indicating that the patient received assistance with feeding, showering, and other activities. However, again, there was no description of a temporary condition in which the patient would require home health. The Official Disability Guidelines state that home health may be necessary on an intermittent basis. The patient did present with significant deficits. However, there was no description of a temporary need for home health. No additional documentation was provided for review that would support overturning the prior denial.

As such, the prior determination is upheld, and the request for home health aide, 4 days per week, 3 hours per day for 3 months for a closed head injury is not medically necessary.

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, Home health services