

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Occupational Therapy 3xWk x 3Wks Right Wrist 97110

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office notes, Dr. 07/02/08, 08/18/09, 09/28/09, 10/20/09

UR referral, 10/08/09

Prescription, 10/20/09

PT evaluation, 10/27/09

Fax, 10/29/09, 11/09/09

Peer review, Dr., 11/13/09

Peer review, Dr. 11/23/09

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant who reportedly had a history of right hand and elbow soreness and was status post triangular fibrocartilage tear. A physician record dated 08/18/09 diagnosed lateral epicondylitis. Conservative care in the form of an elbow strap, wrist brace, medications and a stretching program was recommended. Follow up physician records noted the claimant with continued elbow and hand pain associated with numbness and tingling. An EMG/NCS of the right upper extremity was denied. Physical therapy was then recommended. A 10/27/09 therapy evaluation noted the claimant with decreased strength and pain of the right wrist. Additional therapy was recommended.

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

The information provided with this case would suggest that 15 visits of therapy have already been provided. Given the diagnoses in question the ODG would recommend that the claimant progress into a self directed program at the conclusion of 15 visits. The records

provided do not substantiate the medical necessity of another 9 visits. The reviewer finds that medical necessity does not exist for Occupational Therapy 3xWk x 3Wks Right Wrist 97110.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates
Forearm , Wrist and Hand ; Physical therapy : Carpal tunnel syndrome (ICD9 354.0):
Medical treatment: 1-3 visits over 3-5 weeks
Elbow: Physical Therapy: Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical
treatment: 8 visits over 5 weeks

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

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR-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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)