

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of work hardening

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

PT progression, 12/22/09
Work Capacity/FCE, 12/29/09
Consultation, Dr., 12/29/09
Request for initial work hardening, Dr., 12/29/09
Behavioral Assessment of Pain, Medical Stability, 01/08/10
Adverse Determination Letters, CMS, 01/14/10, 01/25/10
Psychosocial assessment, LCSW, 01/18/10
Work Hardening TX Plan
Work hardening request for authorization
Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates, Neck and Upper Back, Work Hardening; Shoulder, Work Hardening

PATIENT CLINICAL HISTORY SUMMARY

This was injured on xx/xx/xx when he reportedly was assaulted at work by another employee. Injuries to his posterior neck and bilateral shoulders have been documented. He has been treated with 10 visits of physical therapy, pain medications, and a home exercise program. There is documentation of progression with isometrics in physical therapy, and at this point he is working light duty and does not take any medications. He is documented to have cervical and shoulder musculature strength deficits at 2 plus out of 5, and has limitation in motion. He has had a behavioral pain assessment, an interview/assessment by a mental health provider, a functional capacity evaluation documenting that he is not able to function at his required heavy demand level, and work hardening has been prescribed by a medical physician with the goal of return to work in 4 to 6 weeks. The current request is for 80 sessions of work hardening.

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

This is a gentleman who apparently was assaulted or shaken from behind on xx/xx/xx. While there are records from 12/22/09 through 01/25/10 documenting his complaints, there really is nothing documenting a diagnosis for his underlying condition or description as to why he needs work hardening verses going to physical therapy or working in a home exercise program. The 12/29/09 consultation report of Dr., documents phenomenal weakness of his neck and shoulder muscles without a specific anatomic diagnosis. While the records of the treating practitioners all seem to say that work hardening is going to help this person, it is actually not clear what diagnosis has been made or what prior conservative care has been performed. There is no documentation of the specific diagnosis, no clear documentation of what conservative care has actually failed and no specific discussion in the medical record as to how work hardening is supposed to help this person verses working on an aggressive home exercise program. Therefore based on this medical record and lack of documentation, and based on the ODG, the reviewer finds that medical necessity does not exist for 80 hours of work hardening.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates, Neck and Upper Back, Work Hardening; Shoulder, Work Hardening

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)