

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional 10 sessions work conditioning left knee (80 hours) AND
Additional 10 sessions work conditioning right knee (80 hours)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 11/23/09, 11/6/09
Pain & Recovery Clinic 12/4/09, 11/16/09, 11/2/09, 8/25/09,
7/6/09, 7/1/09, 6/30/09, 6/26/09,
Functional Testing 11/2/09, 8/25/09
M.D. 6/17/09, 4/21/09
Spine & Rehabilitation Centers 4/29/09

PATIENT CLINICAL HISTORY SUMMARY

This male was injured in a fall on x/xx/xx. The claimant had partial left medial and lateral meniscectomy and chondroplasty, and a right total knee arthroplasty. He remains symptomatic with patella pain in the right knee. The right knee symptoms were at the inferior patella. The range of motion of 0-110 degrees is noted to be excellent. Dr. noted 5+ quad strength. The claimant was approved for and received 10 sessions of work conditioning. After the initial ten sessions, the claimant's FCE showed him to be at a medium PDL while his job requires him to be at a heavy level. Ten additional sessions of work conditioning were requested to help enable the claimant to perform at a heavy physical demand level with none to minimal discomfort. Goals for continuation of the program include improvement in functional performance, endurance, biomechanics, productivity and RTW issues, reduction in pain levels during and after activity and motivating the patient toward achieving MMI and RTW.

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

The claimant has participated in 10 sessions of work conditioning, but has not reached the level of function required to return to his job. The job requirements fall into the Heavy PDL. His FCE showed him to be at a medium PDL. The records clearly indicate the claimant is improving and has not reached a plateau. According to the ODG, work conditioning should restore the client's physical capacity and function and measurable function should occur. The provider's stated goal for the ten additional sessions of work conditioning is to return the claimant to unrestricted work duty. The provider states that the current deficits are mainly endurance-related. In addition, the provider has noted that the patient's prognosis for reaching the heavy PDL is favorable. For all of these reasons, this request meets the ODG criteria. The reviewer finds that medical necessity exists for Additional 10 sessions work conditioning left knee (80 hours), Additional 10 sessions work conditioning right knee (80 hours).

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)