

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional 10 sessions of work hardening program

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

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

UR Denial and UR Reconsideration Uphold, 3/1/10, 3/26/10
Medical Advantage 5/15/06, 2/1/10, 3/3/10, 4/7/10
Healthcare Systems 1/6/10
Healthcare System 1/6/10, 2/17/10
3/31/10
Rehabilitation Center 2/25/10, 2/20/10
Medication Contract 1/8/10
Work Hardening Program 2/18/10
Health At Work 11/18/09
BHI2 1/6/10

PATIENT CLINICAL HISTORY SUMMARY

This man was injured when a 2,700 pound pipe fell and crushed his left foot. Although the initial CT scan reportedly showed a normal foot, he was later found to have a navicular fracture and non union. He had excision of the fragments. The operative report was not provided. He subsequently underwent 40 sessions of therapy, including 10 sessions of work conditioning and 10 sessions of work hardening. He is progressing. His job requires a heavy PDL. He has been improving, but has ongoing foot and ankle pain. He underwent a prior MMI rating. The request is for an additional 10 sessions of work hardening. He is unable to return to work at a light duty level as no such work is available.

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

According to the ODG, the duration of work hardening “should not exceed 20 full-day visits.” This man completed 10 sessions of work conditioning and 10 sessions of work hardening. Generally patients are in work hardening or work conditioning and one is not meant to lead to the other. “Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.” The patient is making progress, but remains symptomatic. It is not clear from the records if he would be able to resume the physical demands of his prior job with the stresses and pain it will generate. The ODG permits variance to these criteria with valid reason. This patient has been progressing and has not reached a plateau. He has been determined to be at MMI, but records state he may be able to reach his prior job level. Therefore I concur with the continuation of the work hardening program. The reviewer finds that medical necessity exists for Additional 10 sessions of work hardening program.

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)