

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

30 hours of a work-conditioning program

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

MD, Board Certified, Physical Medicine and Rehabilitation
Board Certified, 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

Insurance 2/11/11, 2/21/11

M.D. 10/4/10- 2/21/11

Clinic 12/22/10

M.D. 10/22/10

Clinic 1/24/11

Clinic 1/27/11

M.D. 1/27/11

Official Disability Guidelines

Report of Medical Examination, 10/4/10

MD, 12/18/10

PATIENT CLINICAL HISTORY SUMMARY

This is a XX year-old man injured when a pipe hit him in the back on XX/XX/XX. He had a right-sided L3 transverse process fracture. The CT from 1/27/11 showed a small diastasis. The CT scan showed age degenerative changes including multiple disc bulges. The therapist noted that he had not improved with 12 sessions of PT and requested 4 weeks or 30 hours of work conditioning. He has met most of the job requirements described in his 1/24/11 FCE. The only exception was his lifting 25 pounds overhead when his job required him to lift 35 pounds. There was no information about how often this needed to be done. He was at a medium PDL.

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

The reviewer finds there is not medical necessity for 30 hours of a work-conditioning program. The patient is at a medium level PDL. He has met most of the job requirements described in his 1/24/11 FCE. The only exception was his lifting 25 pounds overhead when

his job required him to lift 35 pounds. (There is a 10-lb. deficiency.) The ODG states “The best way to get an injured worker back to work is with a modified duty RTW program ...rather than a work hardening/conditioning program, but when an employer cannot provide this, a work hardening program specific to the work goal may be helpful.” It was not clear if job modifications were possible or not. The records did not describe why the patient did not progress with the previous 12 therapy sessions. According to ODG, “These programs should only be utilized for select patients with substantially lower capabilities than their job requires.” This man does not appear to be “substantially” below the required needs for his job. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)