Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work conditioning program (WCP) for 4 (four) hours per day times 2 (two) weeks as related to the left knee

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)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines; Chapter Knee and Leg
Insurance company 3/4/11, 3/15/11
Clinic 1/27/11
Operative Report 10/1/10
Clinic 10/1/10
Clinic 10/1/10-10/15/10
Note 11/1/10-11/24/10
Clinic 1/22/11-1/28/11
Clinic 3/1/11

PATIENT CLINICAL HISTORY SUMMARY
This is a XX year-old man injured on XX/XX/XX when a hose struck his knee and he had an open wound. He had debridement by Dr. He began therapy on 11/2/10 and completed it on 11/24/10. The therapist described some pain with motion, but gain of flexion to 120 degrees, less pain, but still some with walking, and the inability to squat. Muscle strength improved to 4+ or 5+ over the groupings. His job is at a heavy PDL and he was only at a light medium PDL at his FCE on 1/27/11. I did not see any treatments after 11/24/10 until the FCE, and none since the FCE. He still has some pain and problems squatting.

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

This man had a knee injury and has improved, although he still has some pain and problems squatting. He is at a light medium PDL at his FCE. His job requires squatting. He has not met his job requirements of Heavy PDL. There were no psychosocial issues described interfering with his work. The reviewer finds that time in a work-conditioning program may reasonably be expected this patient's physical capacity and function.

The patient meets all of the work conditioning ODG criteria, including: "A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work).

"There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits)."

The reviewer finds there is medical necessity for Work conditioning program (WCP) for 4 (four) hours per day times 2 (two) weeks as related to the left knee.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)