

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of 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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. On the date of injury he was working as a and he was asked to engage in other duties . He is reported to have twisted his right elbow resulting in job related injury to the right elbow. This was reported to his supervisor. He subsequently was referred to pain and recovery clinic and was seen by Dr.. On 02/14/11 the claimant was evaluated by Dr. who reports mild appears to be mild left rib pain right elbow pain. He appears to have tenderness at the right olecranon and lateral epicondyle. He has reduced right elbow flexion. Diagnosis was not provided. The claimant was apparently referred for physical therapy. He was subsequently seen in follow up on 03/15/11 and continues to have right elbow pain. He apparently was evaluated and recommended to have therapy. He has tenderness at the right elbow joint with decreased range of motion. On 03/18/11 the claimant was referred for behavioral health evaluation for participation in a work hardening program. He is reported to have continuing elbow pain as well as increasing psychological distress. He is reported to have undergone x-rays and MRI which were not included for review. His current medications include Motrin 600mg and Ultram. There is no indication that the claimant was provided a Beck depression

inventory or Beck anxiety inventory. However brief pain inventory is reported to be in the mild range. The evaluator recommends that the claimant participate in a work hardening program. On 05/09/11 the claimant underwent a functional capacity evaluation. It was reported that the claimant provided a valid effort and that his job requires a heavy physical demand level and he is currently performing at a light to medium physical demand level.

On 05/20/11 the claimant was referred to the pain and recovery clinic by Dr. for work conditioning program. He is reported to have undergone a functional capacity evaluation and is currently performing at a light medium physical demand level. It is noted that to return to work he requires heavy physical demand level. It is reported that his past treatment has consisted of medications physical therapy and physical rehabilitation. He subsequently is recommended to participate in a work conditioning program. Noting that the claimant has a psychological assessment that determined work conditioning was medically necessary rather than work hardening. On 05/25/11 this request was reviewed by Dr. who notes that the functional capacity evaluation on 05/20/11 placed the claimant at a light to medium physical demand level and that the rationale for work conditioning is to address the issues that are preventing the claimant from achieving the target physical demand level. He notes that no medical records were submitted to confirm that the claimant has plateaued in formal physical therapy. He further notes there is no return to work documentation provided in the medical records and that the request exceeds guideline indications for work conditioning, which include limiting program to no more than 30 hours. A peer to peer consultation was performed with Dr., DC who failed to provide any additional information that altered Dr. opinion. On 06/01/11 Dr. submitted a request for reconsideration. He reports that the claimant needs to transition back to work as a construction worker at a heavy physical demand level. He reports per the objective oriented FCE he is currently functioning at a light to medium physical demand level.

On 06/09/11 the appeal request was reviewed by Dr. who again notes that progress reports from previous physical therapy to evaluate that the claimant has exhausted the normal course of physical therapy and objectively document the claimant's response were not included. He further notes that the number of hours is in excess of the recommendation of the Official Disability Guidelines recommendations. He notes that there are no compelling indications provided to warrant additional sessions on top of the recommendation and reports that there's no documentation that there were unsuccessful attempts to return the claimant to work. The case was a peer to peer contact occurred and the case was discussed with Dr.. The physical therapy notes were reported to not be very detailed. Radiographs of the elbow showed only joint effusion. There were no return to work attempts. The claimant's taking Ultram and Motrin only. Based upon this information Dr. finds that the request is not medically necessary. On 06/11/11 an appeal request was submitted by Dr. This is identical to the information as provided by Dr., DC. The request was for 80 hours of work conditioning program.

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

This request for 80 hours of work conditioning program is not medically necessary. The request is not supported by the submitted clinical information. The claimant sustained an apparent strain injury to the left elbow. He is reported to have undergone physical therapy, however no detailed physical therapy notes were provided quantifying the claimant's response to physical therapy. There is no indication that additional requests were made for physical therapy if it was opined that the claimant was incompletely rehabilitated. It would further be noted that the claimant is receiving treatment at the pain and recovery center and the subsequent request for participation in a work conditioning program are at the same facility. The claimant's treating provider is the medical director of this clinic. The claimant underwent behavioral health evaluation on 03/18/11, which finds no significant evidence of depression or anxiety that would require the performance of a work hardening program. A functional capacity evaluation was performed on 05/09/11, which is reported to be valid indicating that the claimant was functioning at a light to medium physical demand level. The credentials of the tester are not identified in the report. It is noted that during the course of the utilization review proceedings the telephonic contact was made with Dr. on two separate occasions in which he failed to provide any convincing evidence to support the request and

subsequent appeal letters do not address the information identified as lacking by the reviewing physicians. Based upon the totality of the clinical information, 80 hours of Work Conditioning Program are not medically necessary.

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)