

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/11/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work hardening 10 sessions 97546

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

MD, Board Certified Physical Medicine & Rehabilitation and 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 patient is a male whose date of injury is xx/xx/xx. On this date a trailer door fell down and struck the patient's left forearm. The patient sustained a complete fracture of the radius and ulna and underwent ORIF. Initial consultation dated 03/14/11 indicates that the patient started on postoperative physical therapy. Psychological evaluation dated 03/29/11 indicates that BDI is 12 and BAI is 5. Diagnoses are adjustment disorder with mixed anxiety and depressed mood, and chronic pain disorder associated with both psychological factors and a general medical condition. Functional capacity evaluation dated 03/29/11 indicates that required PDL is very heavy and current PDL is light.

Initial request for work hardening x 10 sessions was non-certified on 04/07/11 noting that prior PT with number of visits and functional outcome to determine maximized PT/lower levels of care were not documented. A medication plan for Vicodin and Tylenol 3 was not documented as patient cannot return to work with these medications. A return to work plan was not documented, and further surgery was not ruled out. The denial was upheld on appeal dated 04/13/11 noting psychological evaluation did not reveal significant depression or anxiety. The clinical documentation provided for review does not indicate that a return to work agreement was made and it is unclear whether the patient is a surgical candidate.

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

This male patient sustained complete fracture of the radius and ulna and underwent ORIF. There is no operative report submitted for review. There is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review to establish that the patient underwent an adequate course of physical therapy with improvement followed by plateau. No physical therapy records were submitted for review.

A medication plan for Vicodin and Tylenol 3 was not documented as patient cannot return to truck driving with these medications. The psychological evaluation provided does not establish the presence of significant psychological indicators as BDI is 12 and BAI is 5. At this time, the ODG criteria for work hardening has not been satisfied. No reason has been provided for why the guidelines should not be followed in this particular patient's circumstance. The reviewer finds there is no medical necessity at this time for Work hardening 10 sessions 97546.

**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)