

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1) Repeat psychological 2) 3 hours psychological testing

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

M.D., Board Certified Physical Medicine and Rehabilitation

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

Official Disability Guidelines

Utilization review determination dated 09/06/11, 09/26/11

Office visit note dated 09/19/11, 11/09/10, 11/05/10, 09/13/10, 08/11/10

MRI right wrist dated 07/30/10

MRI right knee dated 07/09/10

Range of motion testing dated 08/15/11

Handwritten daily soap notes dated 07/06/11, 02/08/11, 03/01/11, 03/10/11, 03/24/11, 04/07/11, 04/28/11, 05/09/11, 05/25/11, 07/06/11, 07/14/11

Functional capacity evaluation dated 07/14/11

Designated doctor evaluation dated 04/11/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female. She slipped and fell onto her outstretched right wrist and struck her knees. Note dated xx/xx/xx indicates that treatment to date includes physical therapy, bracing and anti-inflammatory medications. The patient underwent injection to the right wrist on xx/xx/xx. Note states that the patient had to undergo surgery to repair a torn meniscus. Designated doctor evaluation dated 04/11/11 indicates that the patient underwent right knee surgery in October 2010, right eye cataract surgery in December 2009, right knee arthroscopy in August 2006 and June 2005. Diagnoses are listed as right wrist sprain; right medial and lateral meniscus tear and mild bulging of L4-5 and L5-S1. The patient was determined to have reached MMI as of 04/11/11 with 1% whole person impairment. Functional capacity evaluation dated 07/14/11 indicates that current PDL is light.

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

This request is for repeat psychological; however, it is unclear when the initial evaluation was

performed, as this report is not submitted for review. It is unclear if the patient has undergone previous psychological treatment, and there is no documentation of the patient's history of psychological complaints. A designated doctor as of 04/11/11 with 1% whole person impairment has placed the patient at maximum medical improvement. Based on the information submitted for review, the reviewer finds there is not a medical necessity for 1) Repeat psychological 2) 3 hours psychological testing.

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)