

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 18 Occupational Therapy Left Shoulder

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgeon

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
Chart notes M.D. 05/03/11-12/15/11
Radiographic report chest 2 views dated 06/01/11
Labs 06/01/11
Operative report dated 06/06/11
Progress notes dated 06/21/11-12/15/11
Consult requests dated 10/27/11 and 12/15/11
Occupational therapy plan of care dated 11/15/11
Utilization review determination dated 11/21/11
Preauthorization request form dated 12/19/11
Utilization review determination dated 12/27/11
Letter dated 01/19/12

PATIENT CLINICAL HISTORY SUMMARY

This case involves a male who reportedly was injured when he fell at work. He apparently fell with extension of left arm to side and had dislocation of left shoulder, which he was able to reduce on his own after about 5 min. He was noted to have history of having first left shoulder dislocation when he slipped about 4-5 years ago. He has had two subsequent dislocations. The claimant reported he has self reduced those and stated he has had only one dislocation where he had to go to ER for reduction. On 06/06/11 the claimant underwent arthroscopic Bankart repair of left shoulder with arthroscopic repair of rotator cuff with two suture anchors with double pulley Remplissage technique. Chart note dated 09/29/11 indicates the claimant did not show up for appointments at almost 4 months postoperative and was last seen on 07/26/11. The claimant was seen on 10/27/11 at which time he had elevation of 135 degrees with external rotation of 20 degrees and internal rotation of level of L2. It was noted he was definitely stable but a bit stiffer than would like to be seen at this

stage.

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

This claimant sustained an injury secondary to fall resulting in dislocation of left shoulder. He had history of previous dislocations and underwent surgical repair on 06/06/11 followed by postoperative therapy x 12 visits. On 10/27/11, the claimant was noted to have range of motion of left shoulder with elevation of 135 degrees with external rotation of 20 degrees and internal rotation to L2 level. A therapy reevaluation on 11/15/11 revealed improvement in response to therapy, but continued limitation in range of motion as well as weakness. The request for 18 additional sessions of OT exceeds ODG recommendations, which would provide 12 additional sessions. The reviewer finds no medical necessity for 18 Occupational Therapy Left Shoulder.

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)