Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/02/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
12 additional occupational/physical therapy visits

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

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG
Utilization review determination dated 02/03/12, 01/30/12
Therapy prescription dated 01/17/12, 01/03/12
Letter of medical necessity dated 01/31/12
Office visit note dated 01/09/12, 01/16/12, 01/17/12, 01/11/12, 01/13/12, 01/03/12, 01/18/12, 01/20/12, 01/23/12, 01/27/12, 02/01/12, 02/03/12, 02/07/12
Health insurance claim forms
Operative report dated 12/20/11

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xx. She suffered a fall on an outstretched hand while working as a private duty nurse and dislocated her right index and long digits at the PIP joints. The patient is status post open treatment of dislocations index and long fingers PIP joint on 12/20/11. The patient had a delayed start in her postoperative therapy process due to the death of her daughter. The patient has been authorized for 12 postoperative therapy visits to date. Physical examination on 02/07/12 notes that right thumb range of motion is CMC abd 60, MP flex 75, MP ext -10, IP flex 70; MP index 0-78, long 0-80, ring 0-70, small 0-80. PIP index -5-80, long -16-80, ring -4-90, small 0-86. DIP index 0-49, long 0-45, ring 0-46, small 0-75 degrees.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The patient underwent open treatment of dislocations index and long fingers PIP joint on 12/20/11 and has completed 12 postoperative therapy visits to date. The Official Disability Guidelines support up to 16 visits for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no clear indication provided as to why the patient's remaining deficits cannot be addressed with an independent, self-directed home exercise program. It is the reviewer's opinion that medical necessity is not established for the

requested 12 additional occupational/physical therapy visits.

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)