

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening program (10 days, 80 hours)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and rehabilitation and Pain Medicine

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for work hardening program (10 days, 80 hours) is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 09/19/13, 10/08/13
Reconsideration request dated 09/23/13
Work hardening preauthorization request dated 09/13/13
Patient report of work duties dated 08/13/13
Functional capacity evaluation dated 08/21/13
History and physical dated 07/23/13
Work hardening plan and goals of treatment dated 08/13/13
Initial behavioral medicine consultation dated 08/13/13
Designated doctor evaluation dated 05/22/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. Designated doctor evaluation dated 05/22/13 indicates that the patient slipped. He landed on the ground with his right foot. X-rays showed a broken plate placed 14 years previously for a fracture. Treatment to date includes 12 sessions of physical therapy. Diagnosis is right ankle sprain/strain. The patient was determined not to have reached maximum medical improvement. Initial behavioral medicine consultation dated 08/13/13 indicates that medications include Aspirin, hydrochlorothiazide, Neurontin, and Norco. BDI is 39 and BAI is 34. Diagnoses are pain disorder associated with both psychological factors and a general medical condition; and major depressive disorder, single episode, severe without psychotic features. Functional capacity evaluation dated 08/21/13 indicates that required PDL is heavy and current PDL is sedentary.

Initial request for 10 sessions of work hardening was non-certified on 09/19/13 noting that it is

not clear that the claimant is not a candidate for additional treatment. The claimant clearly has an abnormal ankle joint. It is unclear how the claimant would be able to participate in an intensive program of rehabilitation with the joint in its present state. The functional capacity evaluation cannot be considered valid when the claimant did not even perform any type of dynamic lifting tasks.

Reconsideration dated 09/23/13 indicates that he is not a surgical candidate. He did attempt to do dynamic lifting task but he self-terminated exam. The denial was upheld on appeal dated 10/08/13 noting that the appeals correspondence does not address the prior reviewer's concern that the claimant did not perform any of the dynamic lifts. It is difficult to understand how the claimant will be able to perform a work hardening program if he is unable to perform the dynamic lifting portion of the functional capacity evaluation. Based on the functional capacity evaluation rating him at sedentary, it is unlikely a work hardening program will return him to the heavy PDL. Given the date of injury, subsequent treatment and current functional capacity evaluation results, the claimant should do just as well with a self-directed home exercise program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been treated with physical therapy and medication management. The submitted functional capacity evaluation dated 08/21/13 indicates that required PDL is heavy and current PDL is sedentary; however, the patient was unable to perform any dynamic lifting tasks, and therefore, the validity of the functional capacity evaluation is questionable. It is unclear how the patient will be able to maximize benefit in a multidisciplinary work hardening program when he is unable to perform dynamic lifting tasks of a functional capacity evaluation. As such, it is the opinion of the reviewer that the request for work hardening program (10 days, 80 hours) is not recommended as 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)