

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/02/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Occupational therapy 3 x 4 97004 97110 97140 97035 G0283 right shoulder

A 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)

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 requested Occupational therapy 3 x 4 97004 97110 97140 97035 G0283 right shoulder is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 11/27/12, 10/24/12
Plan of care dated 10/08/12
Office note dated 08/03/12
Radiographic report dated 08/03/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. On this date the patient was lifting heavy boxes and dislocated the right shoulder. The patient underwent a closed reduction at the hospital. Plan of care dated 10/08/12 indicates that the patient has received 13 sessions of occupational therapy consisting of modalities and therapeutic exercises. She reports increased shoulder mobility to perform ADLs and decreased shoulder pain. She states that M.D. is planning to do surgery, but wants her to get more mobility and strength before surgery. On physical examination strength of the right shoulder is rated as 3/5 in flexion and abduction, 4-/5 in extension, adduction and internal rotation, and 3+/5 in external rotation. Right shoulder AROM is flexion 107, extension 52, abduction 103, adduction 0, IR 70 and ER 40 degrees.

Initial request for occupational therapy 3 x wk x 4 wks right shoulder was non-certified on 10/24/12 noting that a recent evaluation from the requesting physician was not available in the records for review. The patient has completed 13 OT visits from 09/06/12 to 10/08/12. The number of requested visits on top of the previous therapy sessions exceeded the guideline recommendations and no exceptional factors were noted to justify additional sessions. The denial was upheld on appeal dated 11/27/12 noting that there was no updated

documentation submitted for review addressing the above reason for non-certification. There are specific numbers of treatment frequency that must be completed as in this particular case which is set only at 12 visits over 12 weeks. In cases where the patient did not attain full improvement, factors for delayed recovery should be identified and addressed rather than pursuing a continued therapy that provides no complete benefit. At this point, the patient should be benefitting from a fading treatment frequency in conjunction with an active home exercise program and compliance must be reviewed. Documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained a dislocation of the right shoulder and has completed 13 occupational therapy visits to date. The Official Disability Guidelines support up to 12 sessions of therapy 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 current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The patient's compliance with an active home exercise program is not documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Based on the information provided, it is the opinion of the reviewer that the requested Occupational therapy 3 x 4 97004 97110 97140 97035 G0283 right shoulder is not 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 KNOWLEDGBASE

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)