

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/03/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 80 hours of work hardening program

**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 80 hours of work hardening program is not recommended as medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 05/20/13, 06/14/13  
Preauthorization request dated 05/15/13  
Patient report of work duties dated 04/30/13  
Functional capacity evaluation dated 04/09/13  
Handwritten history and physical dated 05/09/13  
Work hardening plan and goals of treatment dated 04/30/13  
Initial clinical interview dated 04/30/13  
Reconsideration dated 05/22/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. The patient was carrying a bucket and walking on icy ground when he sipped backwards onto the ground landing on his back. Functional capacity evaluation dated 04/09/13 indicates that required PDL is heavy and current PDL is light. Initial clinical interview dated 04/30/13 indicates that treatment to date includes x-rays which revealed a closed fracture of unspecified part of the right radius, bracing, approximately 13 sessions of physical therapy and medication management. The patient is not currently taking any medications. BDI is 8 and BAI is 15. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, acute.

Initial request for 80 hours of work hardening was non-certified on 05/20/13 noting that the records available for review do not provide data to indicate that there are significant psychological barriers to recovery which would warrant a need for such an intensive program versus a work conditioning program. Reconsideration letter dated 05/22/13 indicates that

based on their evaluation, the patient meets criteria for a pain diagnosis and exhibits psychological overlay to deem a work hardening program. The denial was upheld on appeal dated 06/14/13 noting that functional capacity evaluation indicates no medication; grip strength invalid, no effort of right hand, Jamar and Maximum Voluntary Effort is about the same.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has completed approximately 13 sessions of physical therapy; however, there are no physical therapy notes submitted for review to document improvement followed by plateau as required by the Official Disability Guidelines. The patient does not appear to present with significant psychological indicators which would require a comprehensive work hardening program. The patient is not currently taking any opioid or psychotropic medications. As such, it is the opinion of the reviewer that the request for 80 hours of work hardening program 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)