

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: trial of work hardening x 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 trial of work hardening x 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 06/18/13, 06/13/13
Request for reconsideration dated 06/13/13
Preauthorization request dated 06/10/13
Office note dated 04/30/13, 02/24/09, 12/17/08, 04/17/13
Designated doctor evaluation dated 02/25/09 (only the first page received)
Initial narrative report dated 12/09/08
Functional capacity evaluation dated 05/09/13, 03/25/09, 12/15/08
Psychological evaluation dated 05/21/13
MRI left knee dated 11/19/08
Soap patient progress note dated 04/25/13, 04/23/13
Patient progress record dated 05/28/09, 05/20/09, 04/23/09, 04/16/09, 03/24/09, 03/18/09, 01/05/09, 12/23/08
Rebuttal to impairment rating dated 03/26/09

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. On this date the patient tripped over a chair and fell to the floor. Treatment to date includes x-rays, MRI of the left knee and physical therapy. Discharge functional capacity evaluation dated 03/25/09 indicates that therapy has been concluded and she will be discharged from care. The patient's PDL at that time was light to medium with required PDL listed as medium. Note dated 04/30/13 indicates that the patient has undergone post-injection physical therapy to her left knee. She underwent cortisone injection on 04/17/13. The note states that they can no longer perform physical therapy in accordance with the ODG, and the patient is not a surgical candidate. Functional capacity evaluation dated 05/09/13 indicates that current PDL is light and required PDL is medium. Psychological

evaluation dated 05/21/13 indicates that BDI is 26 and BAI is 25. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. The patient no longer has a job, per preauthorization request dated 06/10/13.

Initial request for work hardening trial x 80 hours was non-certified on 06/13/13 noting that there is no clear history of injury, clear log of treatments provided or clear employment history. The patient's vocational history has not been provided. A history of treatment involving the present injury has not been provided. There is no evidence of a valid work-related musculoskeletal deficit. There is no clear return to work plan. The patient is more than two years removed from the date of injury.

Reconsideration dated 06/13/13 indicates that the patient is unable to gain employment because she is unable to stand for long periods of time secondary to her pain and she also takes pain medications daily. The goal of the program is to decrease reliance on medications and improve functional ability. The denial was upheld on appeal dated 06/18/13 noting that ODG states the worker must be at no more than 2 years past the injury date. Furthermore, the documentation indicates the patient has depression and anxiety which would be a clinical suggestion of a psychological barrier to recovery.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries in xx/xx. The Official Disability Guidelines very clearly state, "The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two-years post injury generally do not improve from intensive work hardening programs." The patient does not have a job to return to at this time. Therefore, there is no valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks, as required by the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for trial of work hardening x 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)