

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Feb/28/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** additional OT three times a week for four weeks

**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 request additional OT three times a week for four weeks

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 02/01/13, 02/06/13  
Handwritten initial plan of care dated 01/08/13  
Outpatient occupational therapy charge sheet dated 01/08/13, 01/09/13, 01/10/13, 01/15/13, 01/17/13, 01/22/13, 01/23/13, 01/25/13, 01/29/13, 02/01/13  
Handwritten progress/interval note dated 01/15/13  
Prescription/medical necessity dated 01/16/13  
Return to work/school authorization dated 01/16/13  
Office visit note dated 01/16/13, 12/13/12, 11/21/12, 11/08/12, 11/01/12

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. On this date the patient was assisting with a car when the car involved became dislodged from the median and struck the patient. The patient sustained a left distal radius intraarticular fracture which was treated non-operatively. Note dated 11/21/12 indicates that he has undergone nearly 3 weeks of treatment in a short-arm cast and has tolerated the cast well. The patient was seen on 12/13/12 at which time the distal radius fracture appeared to be healing well, and he was sent for physical therapy to work on range of motion and strengthening as well as work simulation due to his high demand job. Note dated 01/16/13 indicates that the patient states he has progressed very well in physical therapy. On physical examination left upper extremity is neurovascularly intact with positive radial, median and ulnar nerve motor function. Sensation is intact to light touch throughout. There is no tenderness to palpation of the left wrist. Radiographs of the left wrist revealed excellent maintenance of fracture alignment and interval callus formation. The patient has completed 10 visits of occupational therapy to date.

Initial request for additional OT 3 x a week for four weeks was non-certified on 02/01/13

noting that the patient has progressed with well with therapy completed to date. At this point he should be independent with a home exercise program for additional strengthening and range of motion exercises. The claimant's x-rays show healing without complication. The claimant has no pain. The residual strength deficit and flexion deficit can be managed at home with a home exercise program. The denial was upheld on appeal dated 02/06/13 noting that the claimant is noted to have completed 6 OT visits and has progressed well with therapy. However, there was no documentation of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained a left distal radius intraarticular fracture which was treated non-operatively with casting and 10 sessions of occupational therap. The physical examination on 01/16/13 notes that the left upper extremity is neurovascularly intact with positive radial, median and ulnar nerve motor functions. Sensation is intact, and there is no tenderness to palpation of the left wrist. Radiographs of the left wrist revealed excellent maintenance of fracture alignment and interval callus formation. The Official Disability Guidelines support up to 16 visits of occupational 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. 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. As such, it is the opinion of the reviewer that the request additional OT three times a week for four weeks 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)