

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/03/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening for the left ankle - 80 hours (10 sessions)

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 this reviewer that the request for a work hardening for the left ankle - 80 hours (10 sessions) is not recommended as medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 01/24/12 – 12/18/12
Initial clinical interview & assessment dated 03/11/13
Clinical note dated 03/13/13
Physical performance evaluation dated 03/14/13
Work hardening request form dated 03/20/13
Reconsideration for a work hardening request dated 03/28/13
Previous utilization reviews dated 03/25/13 & 04/04/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his left ankle. The patient stated the initial injury occurred when his left foot was planted on the ground and he was transporting a large fuel hose and twisted the left ankle. The clinical note dated 01/24/12 details the patient complaining of severe inflexibility with restricted movements, stiffness, and a numbing and tingling sensation. The patient described the pain as an aching, sharp, shooting, throbbing pain migrating throughout the left foot. External rotation, internal rotation, and repetitious movements exacerbate the patient's pain. Upon exam the patient was able to demonstrate 30-40 degrees of plantar flexion, 11 degrees of dorsa flexion, 2 degrees of inversion, and 3 degrees of eversion. The patient was also noted to have 4/5 strength throughout the left foot and ankle. The clinical note dated 02/17/12 details the patient continuing with complaints of left ankle pain with swelling. The clinical note dated 09/18/12 details the patient having undergone an injection at the left ankle. The patient did note a functional improvement following the previous injection. Activities continued to exacerbate the patient's pain particularly weight bearing. The clinical note dated 12/18/12 details the patient continuing with complaints of instability and weakness at the left

ankle. The clinical interview dated 03/11/13 details the patient scoring a 42 on his FABQ-W, 24 on his FABQ-PA, 28 on his BDI-2, and 25 on the BDAI exams. The physical performance evaluation completed on 03/14/13 details the patient performing at a sedentary physical demand level. The patient's occupation as a laborer is noted to require a heavy physical demand level. The work hardening request dated 03/28/13 details the patient not having a job to return to.

The previous utilization review dated 03/25/13 resulted in a denial secondary to a lack of information ruling out additional treatments to include surgery, injections, and other treatments. Additionally, the patient was noted to be lacking adequate testing ruling out attitudinal and behavioral issues.

The utilization review dated 04/04/13 also resulted in a denial secondary to a lack of indication that enrollment in a work hardening program is likely to result in a favorable functional and vocational outcome as the patient was noted to have demonstrated minimal progress despite previous conservative treatments. Additionally, no clear indication was noted that the patient would likely alter his clinical presentation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review elaborates the patient complaining of ongoing left ankle pain. The Official Disability Guidelines recommend inclusion into a work hardening program provided that the patient meets specific criteria, including willingness to return to the work force and significant progress made through conservative therapies. The documentation details the patient complaining of ongoing left ankle pain with associated range of motion deficits. However, the patient was also noted to have the ability to perform at a sedentary physical demand level. The patient's occupation requires a heavy physical demand level. Given this significant disparity and taking into account the patient's conservative treatment history, the patient would likely not make progress in a work hardening program. Additionally, it is unclear if the patient has procured a job to return to upon completion of a work hardening program. Given the lack of progress the patient has made through previous treatments and taking into account the fact that the patient has no job to return to, this request does not meet guideline recommendations. As such, it is the opinion of this reviewer that the request for a work hardening for the left ankle - 80 hours (10 sessions) is not recommended as medically necessary and the prior denials are upheld.

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)