

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/10/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right saphenous nerve block

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology 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 right saphenous nerve block is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 07/16/13, 07/23/13
Encounter note dated 08/01/13, 07/08/13
Office note dated 08/13/13
CT right knee dated 11/06/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient reports that he stepped on something and twisted his right knee. His injury led to multiple surgeries including total knee replacement on the right. CT of the right knee dated 11/06/12 revealed the patient is status post knee replacement with a custom long stem prosthesis; minimal lucency adjacent to the medial aspect of the tibial component of the prosthesis; quadriceps tendinosis; otherwise unremarkable. Note dated 07/08/13 indicates that his pain continues in the areas of his surgical scar the proximal shin and the distal quadriceps. Encounter note dated 08/01/13 indicates that pain level is 6/10. Current medication is Lyrica. On physical examination straight leg raising is positive on the right at 40 degrees. Knee range of motion is decreased due to pain. There is tenderness to the right medial knee. Sensation is intact throughout. Office note dated 08/13/13 indicates that the patient is ambulatory without assistive devices, and no antalgic gait.

Initial request for right saphenous nerve block was non-certified on 07/16/13 noting that there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient's CT of the right knee is largely unremarkable. The denial was upheld on appeal dated 07/23/13 noting that prior treatment has not been documented. Also, there is no indication the patient has returned to his orthopedic surgeon who did the total knee for him to evaluate his condition.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx. Initial request for right saphenous nerve block was non-certified on 07/16/13 noting that there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient's CT of the right knee is largely unremarkable. The denial was upheld on appeal dated 07/23/13 noting that prior treatment has not been documented. Also, there is no indication the patient has returned to his orthopedic surgeon who did the total knee for him to evaluate his condition.

There is insufficient information to support a change in determination. CT of the right knee dated 11/06/12 is largely unremarkable. There is no indication that the patient has undergone any recent active treatment. There are no specific, time-limited treatment goals provided. As such, it is the opinion of the reviewer that the request for right saphenous nerve block 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)