

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/22/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening 5x2 (8 units x 10 session = 80 HRS)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Family 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 work hardening 5x2 (8 units x 10 session = 80 HRS) is not recommended as medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. Report of medical evaluation dated 05/22/13 indicates that diagnoses are shoulder sprain/strain, bilateral; and elbow sprain/strain, right. Chronic pain management program discharge summary report dated 04/03/14 indicates the patient has completed 20 days of chronic pain management. Diagnoses include adjustment disorder with mixed anxiety and depressed mood, sprain/strain shoulder and sprain/strain elbow. Functional capacity evaluation dated 07/16/14 indicates that current PDL is light/medium and required PDL is medium. Initial diagnostic screening dated 08/03/14 indicates that current medications are hydrocodone and Tramadol. BDI is 22 and BAI is 20.

Initial request for work hardening 5 x 2-8 units x 10 sessions 80 hours was non-certified on 08/19/14 noting that the patient has already had a chronic pain management program. He is still taking pain medications. Letter dated 08/29/14 indicates that chronic pain management and work hardening are separate programs. The patient does not have a job to return to.

The denial was upheld on appeal dated 09/25/14 noting that the records submitted for review failed to include documentation of a return to work plan. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program.

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. The Official Disability Guidelines institute a post injury cap and note that a worker must be no more than two years past the date of injury for enrollment in a work hardening program. Additionally, the patient previously completed a chronic pain management program. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. There is no specific, defined return to work goal

provided, and it is noted that the patient does not have a job to return to at this time. As such, it is the opinion of the reviewer that the request for work hardening 5x2 (8 units x 10 session = 80 HRS) 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)