

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/07/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: physical therapy 2 x week x 6 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Orthopedic Surgery

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 physical therapy 2 x week x 6 weeks is not recommended as medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as a fall. The patient is status post left knee arthroplasty on 11/15/11 followed by a course of physical therapy. Plan of care dated 06/03/14 indicates that the patient states he has continued to have weakness in left knee musculature post surgery that has not improved with time. His activities of daily living are reportedly being affected due to these deficits. On physical examination left knee strength is rated as 4/5 in flexion and 3+/5 in extension. Range of motion is 0-120 degrees.

Initial request for physical therapy 2 x week x 6 weeks was non-certified on 06/09/14 noting that there is documentation of functional range of motion in the affected knee. Reference would support an expectation for an ability to perform a proper non-supervised rehabilitation regimen when an individual is this far removed from undergoing surgical intervention to the affected knee and when previous treatment has included access to treatment in the form of physical therapy services. The denial was upheld on appeal dated 06/20/14 noting that with a xxxx date of injury, extent of PT rendered has not been well discussed. It is unclear if the patient has had recent PT after completing post TKA rehabilitation PT.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient underwent left knee arthroplasty in November 2011. There is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. The patient sustained injuries in xxxx; however, the earliest clinical record submitted for review is dated 05/16/14. The number of postoperative physical therapy visits completed is not documented. The patient's objective functional response to prior physical therapy is not documented. The patient's compliance with an active home exercise program is not documented. Therefore, the requested physical therapy is not in accordance with Official

Disability Guidelines, and medical necessity is not established. As such, it is the opinion of the reviewer that the request for physical therapy 2 x week x 6 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)