

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/06/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Work Hardening x 2 units and x 80 units x 20 visits – Work hardening/conditioning; Initial 2 hours and Work hardening/conditioning; each additional hour

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Board Certified Physical Medicine and Rehabilitation

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 x 2 units and x 80 units x 20 visits – Work hardening/conditioning; Initial 2 hours and Work hardening/conditioning; each additional hour is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. The patient was carrying a box when she slipped and fell on an unmarked wet floor. She experienced pain in her right shoulder and low back. The patient underwent right shoulder rotator cuff repair on 03/27/14 followed by a second surgery in September 2014. Note dated 05/06/14 indicates that the patient is status post two shoulder surgeries followed by two months of rehab/treatment. Note dated 02/11/15 indicates that she is finishing around her 10th or 11th postoperative rehab visit for her right shoulder. She has finally made progress over the last 10 visits which she did not make with her prior therapy. Note dated 04/15/15 indicates she has been given an approval for therapy and rehab. Functional capacity evaluation dated 04/29/15 indicates that she gave a valid and cooperative effort on all tasks performed. Mental health evaluation dated 05/06/15 indicates that current medications are Mobic and Flexeril. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. Follow up note dated 06/05/15 indicates that back pain is rated as 3/10. She is tender to palpation of the lumbar spine and has discomfort with lumbar rotary extension procedures. She has 90 degrees of lumbar flexion with a pulling sensation and extension is 5 and is mild to moderately painful for her. Right shoulder range of motion is flexion 175, extension 50, abduction 160, IR 70 and ER 90 degrees. She has good strength on resistance testing on the shoulder.

Initial request for work hardening and conditioning, initial 2 hours and work hardening and conditioning, each additional hour was non-certified on 05/19/15 noting that the claimant is 8 months status post-surgery and has received approximately 30 sessions of physical therapy following the surgery. Despite the attempts at therapy, the functional capacity evaluation

indicates the claimant was unable to lift any weight above her head. There is no job description from the employer describing job or lifting requirements. The behavioral assessment is dated over a year ago and provided inadequate documentation to substantiate medical necessity of a multi-disciplined program. The denial was upheld on appeal dated 06/09/15 noting that the current request exceeds a trial of care which is only 10 visits of the requested program. No significant psych issues have been identified to support the current request for a multidisciplinary program. There is no evidence that the claimant has reached a plateau from the PT already provided prior to this request. There is no evidence of attempts to return this claimant to modified work duties or full duty work status prior to the current request. There is no written job verification from the employer for this claimant to return to, nor is there a job description/job demand per the employer to support the current request. The claimant should be capable of modified work duties with a gradual transition to full duty work status as advised by ODG. Appeal letter dated 07/03/15 indicates that she does have a job to return to, but there is no light duty available.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has undergone two surgeries to the shoulder followed by a course of physical therapy. The submitted functional capacity evaluation does not provide current versus required physical demand level. The submitted mental health evaluation does not provide any psychometric testing measures. There is no indication that the patient has undergone psychometric testing with validity measures to assess the validity of the patient's subjective complaints. The patient has been placed at maximum medical improvement by a designated doctor with 6% whole person impairment. The request as submitted is unclear as work hardening and work conditioning are two different programs. The prior reviews indicate that the request is for 20 sessions of work hardening; however, the Official Disability Guidelines note that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. As such, it is the opinion of the reviewer that the request for Work Hardening x 2 units and x 80 units x 20 visits – Work hardening/conditioning; Initial 2 hours and Work hardening/conditioning; each additional hour 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)