

Becket Systems
An Independent Review Organization
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Information Provided to the IRO for Review

- Clinical Records – X
- Utilization Review Determination– X
- Peer Reviews – X
- Reconsideration/Appeal of Adverse Determination – X
- Attorney Letter – X

Patient Clinical History (Summary)

X is a X-year-old-X who was injured on X due to X from a X.

On X, X was seen by X, MD for a follow-up on surgical intervention for X. X had x that were bothering X at the time. X pain had increased causing discomfort and had started to bother X significantly when X was active. On examination, X blood pressure was X mmHg. There were several X noted along the X. X of the skin on upper aspect of the X was seen beneath the skin. Some X was also noted.

Treatment to date consisted of medications (X), exploratory X and closure of X, and multiple X.

In an Adverse Determination dated X, X, DO stated that “In review of the clinical records, the claimant had several X present following prior surgical interventions for X. The claimant described pain and limiting functioning due to the X being present. However,

Becket Systems

Notice of Independent Review Decision

Case Number:

Date of Notice: 06/19/19

the extent of impairment was not specified in the records. The claimant's physical exam noted pain and tenderness to palpation over the X present over the X. It is unclear if the claimant has X. Given these issues, this reviewer would not recommend certification for the request."

In an Adverse Determination dated X, X, MD stated that "The provided records do not address the previous reviewer's concerns. There is still no specific indication of how the X are impacting the claimant's functioning. It is also unclear if the claimant had X. Without further clarification of these issues, this reviewer would not recommend certification for the request. I spoke to Dr. X on X at 1:06 PM CST. Per our discussion, the claimant had a X. The closure of the X was done with X. This has X in the X tissues. The patient X. The claimant has pain and X that it is affecting X physical activities as X is increasing those through X rehabilitation of X injury. It does not seem to affect X. X does not have any ongoing X. X is X. At this point, it is difficult to justify any elective X. The determination remains unchanged."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The claimant is a X who has undergone X and has developed X in the X. There are X that are covered with only a X and X and in reasonable medical probability will X and possible X. Dr. X had spoken with Dr. X who stated that the claimant had complaints of pain and tenderness about these X. Therefore the request for their removal is reasonable. In most instances this is an X, with a X. The wounds are generally X

Becket Systems

Notice of Independent Review Decision

Case Number:

Date of Notice: 06/19/19

secondary intention. Given the documentation available, the requested service(s) is considered 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 and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation
- Policies and Guidelines European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)

Becket Systems

Notice of Independent Review Decision

Case Number:

Date of Notice: 06/19/19

- Other evidence based, scientifically valid, outcome focused guidelines
(Provide a description)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.