

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

- Clinical Record – X
- Physical Therapy Note – X
- Adverse Determination Letter – X
- Appeal Determination Denial Letter – X
- Prospective IRO Review Response – X
- Appeal Letter - Undated
- Diagnostic Data Reports – X

Patient Clinical History (Summary)

X is a X with date of injury X. X was involved in a X, while working as a X. X injured X. X was diagnosed with other X).

Per the Physical Therapy Recertification Note dated X, X reported increased X. The pain was very short lived but X felt that the symptoms had slightly increased since that time. X felt that X were mildly sore. X was compliant with home exercise program and was very happy with the progress. X felt that physical therapy had helped significantly and felt 50% improvement. X did not feel that X could X. X continued to be on a X and had X approximately 90+ pounds. The symptoms were aggravated by X and X. On examination, the Modified XX Index score was X showing X. XX score was X. On examination, X had an X, shortened X due to pain. X was using a single point XX. X was full XX on XX leg, but had some pain with that. X had very noticeable X, which worsened X. That reduced to a much smaller curve in lying prone. X was using a X, X was approximately

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X shifted to the XX at, X was higher than the XX by approximately. The back range of motion showed flexion of X degrees with X, extension of X degrees X degrees, and X degrees. The X XX XX extension strength was X and was noticeably weaker than slight pain reported with X. The X showed X. X was positive on the X degrees of X. Severe tightness and tenderness to palpation in the X) muscle was noted.

A CT scan of the X dated X showed X. An MRI of the X dated X showed X which was X at that level. Mild X and X. There was X of the XX seen at multiple levels and the X were noted be widely patent. X-ray of the X was negative.

Treatment to date consisted of medications (X).

Per a utilization review determination letter dated X, the request for X was denied by X, XX. It was determined that X had already participated in a course of therapy that exceeded the Official Disability Guideline recommendations of up to X visits. It appeared that X had reached the point where X had X. At the point, therapist applied modalities would not be medically necessary and all necessary exercises could be performed in a. As far as issues of ability to return to work, it would be improbable that standard therapy would provide any benefit over a x.

A utilization review determination letter dated X, X, DO non-certified the requested service of X. Rationale: "This is a noncertification of an appeal of X. The previous noncertification on X, was due to the request exceeding Official Disability Guideline recommendations. The previous noncertification is supported. Additional records included an appeal letter on X. The Guidelines would support X sessions over X weeks. The

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claimant has undergone X sessions to date. The requested X would exceed Guideline recommendations. The records do not reflect the reason for continued X. The request for an appeal of X is not certified.”

Per an undated appeal letter, X visits were requested to address X deficits and help X to return to X prior level of functioning. X strongly felt that X deficits were from X work-related injury requiring a X and that those services were medically necessary. To deny physical therapy services that had been clearly working towards X making a satisfactory recovery, could be considered as going against nonmaleficence in regards to X medical rights after sustaining a work-related injury in the X.

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

The ODG supports up to X for the treatment of X. Additionally, guidelines only support X. The documentation provided indicates that the injured worker has ongoing complaints of X pain with X. The injured worker has had previous treatment with X, X, and X. A X note documented increasing back and leg pain after lifting which resolved but resulted in slightly increased symptoms. The therapist indicated that the injured worker was compliant with a X program and XX with current progress. The injured worker reported difficulty with XX a XX XX XX and increased symptoms with prolonged ambulation. A physical exam documented an X t. There is a request for X visits in order to help the injured worker return to prior level of function. Based on the documentation provided, the ODG would not support the requested X visits of therapy as guidelines of already been exceeded and there is no indication that the injured worker could not continue to utilize a X. As such, the request is recommended for

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noncertification. Given the documentation available, the requested service(s) is considered not 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)

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- 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.