Becket Systems
An Independent Review Organization
3616 Far West Blvd Ste 117-501 B
Austin, TX 78731
Phone: (512) 553-0360
Fax: (512) 366-9749
Email: @becketsystems.com

Notice of Independent Review Decision

Sent to the Following

IRO REVIEWER REPORT
Date: X
IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

☐ Partially Overtuned (Agree in part/Disagree in part)

☐ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who sustained an injury on X. At work, while X was pulling a X. The diagnoses included unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic; strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, subsequent encounter; unspecified dislocation of right shoulder joint, subsequent encounter.

In a letter dated X, X, MD / X, PT-A wrote "After X participation in X. Notably, X made substantial gains in the strength of X right shoulder and X exercise tolerance in that region. X participated in daily manual therapy and shoulder mobility exercises. X was able to successfully complete a X. Furthermore, X demonstrated an increase in X lifting capacity from X. to X. and improved X knuckle-to-shoulder lift from X. to X. Additionally, X extended the duration for which X could perform overhead work, progressing from 1 minute to 2.5 minutes. Through the use of supine shoulder flexion exercises, floor slide exercises, shoulder flexion over foam roll, and prone lifts, X exhibited notable improvements in X grip strength and dexterity, particularly in X right upper extremity. In terms of X cardiorespiratory fitness, X achieved the milestone of completing a 25-minute walk on the treadmill. Moreover, X showed resilience in managing X anxiety during various exercises. X overall outlook on life and spirit significantly improved with each visit to the FRP program. It is evident that X participation and involvement in the program had a positive impact on X physical, mental, and cognitive well-being. Based on the results of this re-assessment and X job description, X still does not meet the minimal qualifications for X pre-injury job. The goals of the X will be to reduce pain and continue to improve X overall functional capacity."

Per the functional restoration program treatment progress report dated X by X, MS, LPC-S / X, MS, LPC, X patient pain drawing, score was X, indicating severe pain; pain experience scale score X, indicating mild amounts of emotional distress when X pain is at its worst; McGill pain questionnaire score was X, indicating severe pain episodes; Fear Avoidance Beliefs Questionnaire score was X in the physical sub scale and X in the work sub scale, those scores were suggestive of moderate levels of avoidance and fear related to X work-related injury and the impact of the pain on X current level of physical functioning; Beck Depression

Inventory score was X, indicating moderate depression; Beck Anxiety Inventory score was X, indicating mild anxiety; Sleep Questionnaire score was X, indicating moderate sleep disturbances; and Disabilities of the Arm, Shoulder and Hand Questionnaire, score was X indicating pain impinged on aspects of X life both at home and at work. During this initial treatment phase of Functional Restoration Program (FRP), X maintained a positive mindset and believed the program has allowed X to establish a daily routine and begin constructing daily activity goals. The concept of mind / body connection was processed and X was able to identify any ongoing negative thinking patterns / coping skills which may act as a barrier towards effectively managing X work-related physical symptoms, sleep, or affect. X increased use of passive modalities, (heat, ice, rest, daily stretches, and massage), as well as a variety of alternatives and / or holistic methods. Relaxation skills of meditation techniques, deep breathing relaxation, aromatic therapy (essential oils), making personal art, writing poetry and listening to music had all been noteworthy benefits in relieving X stress response. X believed the program has allowed X to understand administrated disputes against X claim and relate to others who have chronic pain and felt the program allowed for a connection among peers which X appreciated. With all of the above mentioned, X believed an X. Participation in the functional restoration program was highly recommended to continue making physical and affective progress which will benefit X in returning back to the workforce and address any fears. X had made exceptional progress during attendance of the Functional Restoration Program. X reported some fluctuation of pain levels; however, X was learning to adapt by increasing X tolerance to activities and learning to adjust to X limitations in order to return to viable employment. X was completing X bachelor's degree in ministry at the time where X is taking classes part time. Within the upcoming X, X will aim to reach a higher quality of life and be able to continue furthering X education while following a vocational plan. It was expected X will continue to improve target goals with X. X completed the program with high motivation and attended on a consistent basis. The functional restoration team believed X will work well with an X to meet X identified goals. Components of exercise progression with disability management and psychosocial intervention, would be the appropriate treatment plan for meeting goals needed to allow for maximum improved function within the identified treatment goals. This treatment team will additionally encourage utilization of increasing the frequency of assertive behaviors in becoming more active in managing X life to avoid regression and assuming the disabled role.

During the next treatment phase, this clinician will continue focusing on stabilization of psychological symptoms and developing coping mechanisms regarding maintaining improved functioning. Solution focused therapy would assist X in identifying barriers regarding returning to X employer and / or viable employment in the near future as X was being recommended for a multidisciplinary program such as a X. X would also follow a vocational plan to enhance X goals to return to the workforce. At the time, there continued to be significant factors regarding pain experience, perceived disability, reported pain levels, and work injury related stressors. X would benefit from increasing X awareness of coping skills, increasing overall physical endurance, assisting in improving X range of motion and body mechanics, and increasing X tolerance to pain. Addressing those issues would allow X to build strength and reduce fear of tasks that might exacerbate X symptoms along with helping X overcome the psychological issues resulting from X pain. X.

Per the review note, MR of the right shoulder dated X showed X.

Treatment to date included X.

Per the peer review by X, MD on X, the request for X was non-certified. Rationale: "The ODG state "X. X were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. X incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but remains positive when compared to cohorts that did not receive an intensive program. (1) X. (2) X. (3) X. (4) X. (5) (X." In this case, minimal progress with physical functionality has been documented (X improved X lifting capacity from ten to fifteen pounds and knuckle-to-shoulder lift from ten to thirteen pounds and could perform overhead work progressing from one minute to 2.5 minutes). It was noted that X had made exceptional progress. However, from what is described, there is no clear evidence of significant progress toward a medium demand level job after X hours based on this information. The patient has attended what should have been a reasonable number of X and there is no clinical information that warrants the continuation of this program for an extended

period of time. The medical necessity of X has not clearly been demonstrated. Therefore, the request for X is non-certified."

X, MS, LPC-S responded to the denial letter on X. The letter documented, "To sum up, a simplified summary chart dated X titled "Functional Restoration Program / Patient Treatment Goals and Objectives" has again been provided for review. These are aligned with the patient pain symptoms and affective functioning, functional restoration, reduction of fear avoidances/perceived disabilities, medication management (X Is taking medications for X pain and affective symptoms as advised by treating provider), sleep disturbances and an appropriate comprehensive realistic educational/vocational plan for improving/increasing tolerance and physical stamina for employment as X current restrictions .are that of the Sedentary POL; prior job POL was Medium. These goals are measurable with interim assessments to note patient progress or regression. This program will emphasize the Importance of function over the elimination of pain. X has maintained a positive outlook and has complied with X treatment recommendations, thus far. The treatment plan will incorporate components of exercise progression with disability management and psychosocial intervention. With the above information summarized and referenced, our request of X weeks meets the ODG regarding evidence of demonstrated progress prior to further requested treatment. It is still being recommended X proceed with an X, which is allowed per Official Disability Guidelines (ODG)- managed by MCG-TWC as referenced above. Additional days will help to continue physical therapy In order to further build strength and reduce fear of tasks that might exacerbate X symptoms along with helping overcome with any psychological issues resulting from X Injury. As noted, the use of objective and subjective scoring has also been implemented to chart response to treatment intervention."

Per the peer review by X, MD on X, the request for X. Rationale: "No. the request for X is not medically necessary. While ODG's Chronic Pain Chapter Chronic Pain Programs topic acknowledges that such programs are recommended when there is proven access to programs with proven successful outcomes, here, however, the outcomes of the program in question are unknown. ODG further stipulates that a claimant-specific treatment should be presented with specifics of treatment for identified problems, and outcomes to be followed. Here, however, clear individual-specific treatment goals have not seemingly been established. ODG

further stipulates that treatment is not recommended for longer than two weeks without evidence of compliance and significant demonstrated efficacy documented by subjective and objective gains. Here, however, the claimant remains off of work. There are no active plans of returning the claimant to the workplace and/or workforce. Significant deficits persist. The treating provider acknowledged that the claimant has not made substantive improvement in function with prior care (with the exception of minor improvements in positional tolerances as identified on patient questionnaire). Continuing X in question is not indicated or appropriate in this context. Therefore, the request is not medically necessary. Therefore, the request for X is not medically necessary."

Thoroughly reviewed provided records including provider notes and peer reviews.

As X writes in the appeal letter, the program and provider requests are following all the cited ODG criteria. Both peer reviews have ignored the documentation provided including treatment course, objective measures, and amount of therapy requested despite the reviewing physicians themselves citing the same criteria. X is medically necessary and certified

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Thoroughly reviewed provided records including provider notes and peer reviews.

As X writes in the appeal letter, the program and provider requests are following all the cited ODG criteria. Both peer reviews have ignored the documentation provided including treatment course, objective measures, and amount of therapy requested despite the reviewing physicians themselves citing the same criteria. X is medically necessary and certified

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☐ **AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

☐ **PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

☐ **TMF SCREENING CRITERIA MANUAL**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**