

Becket Systems
Notice of Independent Review Decision

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
Amendment X

IRO REVIEWER REPORT

Date:X; Amendment 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: PM&R/Pain Medicine

REVIEW OUTCOME:

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

- Overturned (Disagree)
- Partially Overturned (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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X who was injured on X. X worked as a maintenance mechanic with X. X stated that after adjusting the machine, X took the product to inspect and tossed it into the trash, then X pivoted on X left foot, and felt a pop in the left knee. The diagnosis was sprain of the anterior cruciate ligament of the left knee, initial encounter.

On X, X was evaluated by X, MD, for follow-up visit for the chief complaints of left knee injury, reporting severe pain. X reported work-related injury dated X. At that time, X rated the left knee pain 8/10, with associated swelling and muscle spasms. X experienced difficulty in walking and reported lack of sleep. X mentioned that X for the knee had not been effective as X still could not walk long distances and found that it was challenging to go to the grocery store. X was not attending work due to restrictions. X had been scheduled for MRI the upcoming day. X had not been approved for X. X had not received X. On examination, X was not in acute distress. Gait was markedly antalgic, and X had difficulty bearing weight. X was recommended. X was to continue with the work restrictions. Per a physical therapy discharge summary, dated X, completed by X, PT, X presented for X with signs and symptoms consistent with left anterior cruciate ligament sprain, generalized weakness. X had not returned since X previous session on X. X had been discharged from physical therapy due to authorization limitations. X primary complaint that day was left knee pain with instability. Functional limitations included balancing, kneeling, negotiating stairs, prolonged sitting, prolonged standing, squatting, and walking. X rated the pain at rest as 5/10, and 10/10 during activity such as walking and standing for more than 45 minutes. The work restrictions included to avoid stairs and ladders, kneeling, squatting, bending, stooping, twisting, limiting lifting to 5 pounds; avoiding standing, sitting, and walking for more than 2 hours; limiting work to 4 hours per day and allow sitting, standing, and walking breaks for 10 minutes over the 4 hours. On examination, X displayed antalgic gait with limp present, decreased knee flexion on the left, and shortened weightbearing / single leg stance on the left. The active range of motion showed left knee flexion was 110 degrees and extension was zero degrees

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with pain. The motor strength of left hip flexion was 4/5, left knee extension was 4-/5, and left knee flexion was 4-/5. There was tenderness to palpation of proximal right calf and distal VMO / quadriceps, and proximal tensor fascia lata (TFL). Single leg standing on the left and on the right was less than 5 seconds. It was noted X presented to physical therapy with signs and symptoms consistent of sprain of the anterior cruciate ligament of the left knee and generalized weakness. Prior to injury, X worked as a X maintenance mechanic that required a PDL of medium: 21 to 50 pounds. X had not returned since previous session on X. Subjective and objective measurements were not assessed and kept the same as X had not returned to the clinic. X had been discharged from physical therapy due to authorization limitations.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, DO, the concurrent request for X was denied. Rationale: "Regarding X, the Official Disability Guidelines recommend X for the medical treatment of cruciate ligament knee sprains. The request is not warranted based on the submitted documentation. There were prior reviews on file for left knee PT with the most recent, certifying X, to help improve their functional goals and to be able to return to their prior level of function. The guideline recommends X for the medical treatment of cruciate ligament knee sprains. The guideline recommended X if it shows progress, has not reached maximum improvement, actively participates in the treatment sessions, and adheres to plan of care. Although the injured worker had left knee pain associated with swelling, muscle spasms, difficulty walking, antalgic gait and difficulty bearing weight, in which there was no documentation of completed X, and had a total of X, and noted that X had not been effective, as they still could not walk long distances and found it challenging to go to the grocery store, the request is not medically necessary as the requested X exceeded the recommended sessions cited by the guideline and modification of the treatment request is prohibited by the state without the agreement or consensus of the requesting provider. Therefore, the concurrent request for X is non-certified."

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Per an appeal letter dated X, completed by X, it was stated, “This is a preauthorization request for reconsideration (appeal) for X. The medical provider, X, M.D., has requested this medical treatment because there is an ongoing condition(s) that requires treatment. The X are reasonable and is consistent with the Official Disability Guideline (ODG). The attached medical records support the efficacy of the X; and establish the clinical indication and necessity of this treatment. Therefore, the X should be determined medically necessary for claimant to reach MMI.”

Per a reconsideration review adverse determination letter dated X by X, DO, the appeal request for X was denied. Rationale: “This is an appeal to review X, which was non-certified by X, D.O. on X. The prior non-certification under review X was based on the request exceeding the guideline recommended sessions cited in the guidelines. In an appeal letter dated X, the provider submitted recent clinical findings of the injured worker dated X. Based on the medical record, the injured worker sustained an injury when pivoting to the right while discarding material, resulting in a twist to the left knee. The injured worker was diagnosed with pain in the left knee and a sprain of the anterior cruciate ligament of the left knee. The injured worker was on restricted duty. There were prior reviews on file for X, with the most recent X on X to address remaining functional impairments, ongoing pain, and limited range of motion, bringing the total to X. Attempted treatments included X, which were reported to be ineffective. The injured worker had already completed a total of X as of X. According to the progress report submitted by X, P.T., dated X, the injured worker presented with complaints of left knee pain rated at 5/10 at rest and 10/10 during activity. The injured worker displayed an antalgic gait with a limp, decreased knee flexion on the left, and a shortened weight-bearing and single-leg stance on the left. The active range of motion in flexion was measured at 110 degrees, and manual muscle testing in both extension and flexion was rated at 4/5. Regarding X, the Official Disability Guidelines (ODG) recommend up to X for the medical treatment of cruciate ligament knee sprains. Continued therapy may be indicated when all the following criteria are met, functional progress has been made during initial therapy or the plan of care has

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been modified or re-evaluated every 2-3 weeks, maximum improvement has not yet been attained, the injured worker is actively participating in treatment sessions, and the patient is adherent to the plan of care. Upon review of the submitted records, the prior non-certification under review X appeared to be appropriate. This determination was based on the request exceeding the guideline-recommended sessions as cited in the guidelines. The cited guideline recommends up to X for the treatment of cruciate ligament knee sprains. Therapy beyond these guidelines requires evidence of functional progress, re-evaluation of the plan of care every 2-3 weeks, maximum improvement not yet being attained, active participation in therapy, and adherence to the plan of care. There were prior reviews on file for X, with the most recent certifying X to address remaining functional impairments, ongoing pain, and limited range of motion, bringing the total to X. In this case, the injured worker had already completed X, which met the maximum visits recommended by the guidelines. The request for an additional X exceeded the recommended number and lacked documentation of significant functional improvement, adherence to the plan of care, or the necessity for continued therapy as per guideline criteria. Therefore, the prospective request for X is non-certified.”

Thoroughly reviewed provided records including provider notes and peer reviews.

Patient making progress with X but still with some limitations in terms of strength and range of motion around knee. The patient also had some treatment delays. Cited guidelines do allow for X when there is functional progress and maximum improvement not yet attained. Thus, request for X is warranted. 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.

Patient making progress with X but still with some limitations in terms of strength

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and range of motion around knee. The patient also had some treatment delays. Cited guidelines do allow for X when there is functional progress and maximum improvement not yet attained. Thus, request for 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)