

DATE OF REVIEW:

08/15/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Ten sessions of work conditioning.

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

Doctor of Osteopathy, Boarded in Anesthesiology, Specializing in Pain Management

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Deny the work conditioning as not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 08/06/07
- MCMC Referral dated 08/06/07
- DWC: Confirmation Of Receipt Of A Request For A Review dated 07/31/07
- LHL009: Request For A Review By An Independent Review Organization dated 07/31/07
- DWC: Notice To MCMC, LLC Of Case Assignment dated 08/03/07 from
- DWC: Notice To Utilization Review Agent Of Assignment Of Independent Review Organization dated 08/03/07 from
- Letter dated 07/17/07 from, M.D.
- Health Insurance Claim Forms from, D.O. dated 07/10/07 (three forms)
- Health Insurance Claim Forms from, P.A. dated 07/10/07 (three forms)
- Healthcare Systems: Request For An Appeal dated 07/05/07
- Healthcare Systems: Electrodiagnostic test dated 07/03/07 from, D.O.
- Notification of Determination dated 06/25/07 from, M.D.
- Healthcare Systems: Fax Cover Sheet dated 06/19/07 with note
- Healthcare Systems: Letter dated 06/19/07 from Dr., M.D.
- Evaluation dated 06/14/07 from, MS, LPC
- Functional Capacity Evaluation dated 06/06/07 from, D.C.
- Healthcare Systems Examination: Handwritten note dated 05/22/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with date of injury xx/xx/xx. The injured individual required two hand surgeries on her fingers. She had physical therapy (PT) postoperatively. Per Official Disability Guidelines cited below, Work Conditioning should restore the injured individual's physical capacity and function. She is noted to have "no hope of recovery" and was tested with Beck Depression Index (BDI) 25, Beck Anxiety Index (BAI) 26. Physically she has reduced range of motion (ROM) of her entire right hand with a sedentary capacity on Functional Capacity Exam (FCE). The injured individual has not had Occupational Therapy (OT) nor has she had any psychotherapy despite suffering a finger amputation.

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

Per Official Disability Guidelines, Work Conditioning should restore the injured individual's physical capacity and function. She is noted to have "no hope of recovery" and was tested with Beck Depression Index (BDI) 25, Beck Anxiety Index (BAI) 26. The injured individual has high psychiatric testing scores indicating moderate to high levels of depression and anxiety. She has had only PT postoperatively, no OT or work hardening which combines work conditioning with psychotherapy. At this point, either of those alternatives would be more substantial and appropriate than work conditioning alone.

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: ACOEM 2004 page 9

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:

ODG 2007: Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. Physical conditioning programs that include a cognitive-behavioral approach plus intensive physical training (specific to the job or not) that includes aerobic capacity, muscle strength and endurance, and coordination; are in some way work-related; and are given and supervised by a physical therapist or a multidisciplinary team, seem to be effective in reducing the number of sick days for some workers with chronic back pain, when compared to usual care. However, there is no evidence of their efficacy for acute back pain. (Schonstein-Cochrane, 2003) Multidisciplinary biopsychosocial rehabilitation has been shown in controlled studies to improve pain and function in patients with chronic back pain. However, specialized back pain rehabilitation centers are rare and only a few patients can participate in this therapy. It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, treatment should not exceed 2 weeks without demonstrated efficacy (subjective and objective gains). (Lang, 2003) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening

is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. (CARF, 2006) (Washington, 2006) Use of Functional Capacity Evaluations (FCEs) to evaluate return-to-work show mixed results. See the Fitness For Duty Chapter. See Physical therapy for the recommended number of visits for Work Conditioning. For Work Hardening see below.

Criteria for admission to a Work Hardening Program:

1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
2. A defined return to work goal agreed to by the employer & employee:
 - a. A documented specific job to return to, OR
 - b. Documented on-the-job training
3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.