

# P&S Network, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** August 7, 2007

**IRO CASE #:**

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

This case was reviewed by a chiropractor. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

10 sessions of work hardening

**REVIEW OUTCOME**

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

**Upheld (Agree)**

**REVIEW OF RECORDS**

- o Submitted medical records were reviewed in their entirety.
- o May 22, 2007 through May 30, 2007 work hardening notes by, D.C.
- o June 6, 2007 review of records by Dr.
- o June 5, 2007 functional capacity evaluation report by, D.C.
- o June 15, 2007 notice a utilization review findings
- o June 15, 2007 letter to the patient
- o June 18, 2007 request for reconsideration by Dr.
- o June 21, 2007 notice of utilization review findings
- o June 21, 2007 letter to the patient

**CLINICAL HISTORY SUMMARY**

According to the medical records, the patient sustained an industrial injury involving his left knee and lumbar spine. Work hardening records from May 22, 2007 state that the patient has been diagnosed with left knee internal derangement, status post left knee arthroscopic ACL repair, synovectomy, and medial/lateral meniscectomy repair, and a lumbar sprain/strain. The patient's greatest complaints include left knee pain, swelling, weakness, and reduced range of motion, as well as low back pain and muscle spasms with restricted ranges of motion. The patient's job description is listed as a.

On the date of injury, he was reportedly installing a cable system while working above ground in an attic setting. He stepped onto a plywood surface in the attic, which collapsed, and resulted in him falling through the ceiling approximately 12 feet. He struck a shelf and a washing machine before landing onto the concrete floor. The patient underwent work hardening visits from May 22-May 24, 2007 and May 29-May 30, 2007, for a total of five sessions according to the reviewed medical records.

A June 5, 2007 functional capacity evaluation report reflects that the patient has a required physical demand level of heavy. His effort reportedly demonstrated that the patient is currently functioning at a medium physical demand level. Muscle testing in the upper and lower extremities was weak on the left side. Range of motion was restricted in the left lower extremity. Therefore, the patient was deemed a good candidate for a work hardening program.

A June 15, 2007 utilization review report rendered a non-authorization of outpatient work hardening for 10 sessions, six hours per day related to the left knee. The reason given was that the patient had already completed 20 sessions of work hardening and would not meet the Official Disability Guidelines criteria for more. These guidelines state that work hardening program should be completed in four weeks or less.

A June 18, 2007 request for reconsideration submitted by the requesting doctor states that in reviewing the records, on the May 17, 2007 lifting task the patient showed that he was able to perform 10 repetitions at 45 pounds from floor to knuckle lift. His pain level had also decreased some, showing continued improvement with the program to reach his heavy PDL category. The patient had reportedly shown consistent improvement with his work hardening and there is no reason to believe that he will not continue to improve with additional work hardening, according to the doctor. The doctor opined that continued work hardening does not exceed the guidelines. What exceeds the guidelines is continued treatment that has not been beneficial.

A June 21, 2007 utilization review report rendered another non-authorization for these work hardening sessions. The reviewing doctor stated that the patient is approaching 18 months post knee injury and he did not find a convincing rationale in order to overturn the original reviewer's opinion. The Official Disability Guidelines were again quoted, in particular, the statement that work hardening was to be finished in four weeks or less.

### **ANALYSIS AND EXPLANATION OF DECISION**

The submitted medical records fail to document that there has been a previously unsuccessful attempt to return the patient to work. It is not clear if his employer has offered modified duties that would allow him to perform at his current medium physical demand level. As noted in the medical references and by the previous peer reviewer's, the criteria for admission to a work hardening program specified by the Official Disability Guidelines includes a statement that the work hardening program should be completed in four weeks or less. Given that the patient has undergone 20 work hardening sessions, this would constitute four weeks of work hardening. Therefore, my decision is to uphold the non-certification of 10 work hardening sessions

The IRO's decision is consistent with the following guidelines:

### **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
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

\_\_\_\_\_OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

Official Disability Guidelines 5th Edition 2006/2007 Work conditioning, work hardening

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-behavioural 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 (FCE's) 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 or less.