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MEDICAL RECORD REVIEW:

DATE OF REVIEW: 07/03/2007

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.

SERVICES IN DISPUTE: **TEN(10) WORK HARDENING PROGRAM**

REVIEW OUTCOME: PARTIALLY OVERTURNED

REVIEW OF RECORDS:

- Submitted medical records were reviewed in their entirety. The following dates of services were reviewed:
- May 22, 2007
- April 4, 2007
- April 27, 2007
- April 2, 2007
- March 27, 2007

CLINICAL HISTORY SUMMARY:

According to the medical records, the patient is a female who sustained an industrial injury involving her knee. The patient reportedly dropped a case of bottled water on her right knee after the plastic broke on the top of the case. She has undergone several diagnostic tests including x-rays and a November 2006 MRI. She received four injections in November and December 2006, which were reportedly not helpful. She had chiropractic adjustments, one time per week for 12 weeks.

The records included a denial letter from dated April 4, 2007, stating that the patient should be in a self-directed home exercise program instead of a work hardening program. A denial for an apparent appeal on April 27, 2007 states that while the claimant would have sustained some degree of deconditioning from her absence from the general industry, it is quite uncommon to implement such an intensive course of care when a well designed home exercise program would be sufficient to restore her to a medium PDL from her current light PDL.

An April 2, 2007 report states that the patient has a 9/10 pain level. She sleeps six to eight hours per night and is having an interruption in her sleeping habits. Prior to her injury, she reported sleeping eight plus hours per night. The patient shows signs of depression through fatigue and signs of anxiety through worry, restlessness, irritability, and muscle tension. She scored a 36 on the Beck Anxiety Inventory indicating severe anxiety and a 19 on the Beck Depression Inventory, representing mild depression.

A Functional Capacity Evaluation was performed on March 27, 2007. The report states that the patient is a customer service representative with critical demands of small payday loan, data entry, verifications of employment, bank accounts, multi-line telephone, bending, squatting, kneeling, lifting up to 50 pounds occasionally, and reaching out. The FCE concluded that the patient is functionally able to perform at a sedentary/light PDL at her job requires a medium PDL. The examiner's concern was that if the patient were to return to full or part-time duty, she will reinjure herself.

ANALYSIS AND EXPLANATION OF DECISION:

It appears that the patient has a job to return to in the form of a customer service representative. She has been carefully tested in the form of a functional capacity evaluation and a psychologic assessment, both of which have concluded that the patient is a good candidate for work hardening. She does appear to meet the criteria for a work hardening program in the category of requiring psychological support. It appears that the facility requesting work hardening is equipped to address this component of the patient's care. However, it does appear that there have been concerns by other evaluators that the patient can elevate her

PDL through an independently applied home exercise program. While I can see this argument, the patient appears to meet the criteria specified by the Official Disability Guidelines for admission to a work hardening program. In my opinion, the efficacy of such a program can be assessed following the first several sessions of work hardening such that a determination can be made as to the appropriateness of continuation. Therefore, I recommend to certify five initial work hardening sessions to be followed by careful documentation of objective improvement. Upon receipt of this documentation, the appropriate party can assess whether the remainder of the five sessions are appropriate.

GUIDELINES / REFERENCES: WORK CONDITIONING / WORK HARDENING

According to ACOEM guidelines, page 11, "training in body mechanics and conditioning (sometimes referred to as "work hardening") also have been advocated to prevent musculoskeletal disorders and visual fatigue. While high-grade evidence supporting the efficacy of training in body mechanics is sparse, it is a logical step (perhaps primarily to prevent recurrences) and is supported by many experienced occupational health providers. Work hardening, in the form of conditioning at hire or reconditioning after absence from work for the specific demands of the job, is also a logical step from a physiologic standpoint because deconditioning has been implicated in both initial complaints and recurrences. However, because the evidence is inconclusive, these efforts may be more cost-effective if their focus is the prevention of recurrences rather than primary prevention."

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.