



IRO#
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DATE OF REVIEW: OCTOBER 2, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning (five times per week for four weeks)

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

This case was reviewed by a Doctor of Chiropractic licensed in the State of Texas.

REVIEW OUTCOME:

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Work Conditioning (five times per week for four weeks)	97545, 97546	Upon approval	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Description of Record	Date:
Functional Capacity Evaluation — PT	01/30/07
Office Visit - Re-Evaluation – PhD.	08/16/07
Utilization review request – Work Conditioning – Clinic	08/21/07
Utilization review adverse determination – Work Conditioning - (Reference of utilizing ODG & ACOEM included) –	08/27/07
Appeal letter for Work Conditioning program –Clinic - DC	08/28/07
Utilization Review Reconsideration –adverse determination - (Reference of utilizing ODG included) –	09/06/07

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the records submitted, the claimant was injured on the job on xx/xx/xx where he allegedly injured his neck and left shoulder. There is no description of how the industrial accident occurred. On 06-23-06 the claimant underwent surgical fusion at C5/C6 and C6/C7 with post-operative therapy and treatment. On 03-08-07 the claimant underwent surgical repair of the left

shoulder with post-operative therapy and treatment. More recently, an FCE was performed on 08-09-07, which indicated the claimant was at a light-medium PDL. Now, the treating physician has requested 20 sessions of work conditioning at a frequency of 5 days a week for 4 weeks. This requested treatment has been denied through pre-authorization.

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

Based upon evidence based medicine the request is not medically necessary.

The submitted records indicate a poor response to the previous 96 sessions of therapy. The claimant has had such a plethora of therapy; the claimant should be able to continue with exercises at home without any further education. The probability of any further improvement with supervised therapy/treatment is highly unlikely. The claimant has already received above the recommendations of the guides of active and passive physical therapy and still a lack of substantial therapeutic benefit is documented. The FCE dated 08-09-07, indicated the claimant's heart rate pre and post efforts to be sub-maximal efforts, which also indicates compliance and validity.

The request for 20 sessions of work conditioning does not meet the guides for this claimant and the decision to deny the 20 sessions of work conditioning is upheld as the information provided suggests the requested procedures are not medically necessary.

Citation/Evidence: The ODG-TWC guidelines page 30 under "Procedure Summary" under "work hardening" ...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). The claimant should be at work with modified activities at least for a trial to establish tolerance. The ACOEM guidelines do indicate, once the claimant has recovered, a progressive return to normal work activities continue to encourage daily exercise to maximize work activity tolerance and reduce recurrence. This has been accomplished thoroughly as noted in the records. Furthermore, the ACOEM guidelines Chapter 5, indicated "Prompt return to work in a capacity suitable for the worker's current capabilities and needs for rest, treatment, and social support prevents deconditioning and disabling inactivity, reinforces self esteem, reduces disability, and improves the therapeutic outcome in most individual cases and on an aggregate basis. Ill or injured workers can be temporarily placed in different jobs from their usual jobs (temporary duty), or their usual jobs can be temporarily modified to accommodate their limitations and remaining abilities (modified or temporary transitional work). Accommodation, with progressively fewer restrictions as healing occurs, generally has a greater chance of success; the highest success rates are achieved when workers return to a modification of their pre injury job. Disability management conveys respect for injured or ill employees and provides social support that hastens recovery"; "In order for an injured worker to stay at or return successfully to work, he or she must be physically able to perform some necessary job duties. This does not necessarily mean that the worker has fully recovered from the injury, or is pain free; it means that the worker has sufficient capacity to safely perform some job duties. Known as functional recovery, this concept defines the point at which the worker has regained specific physical functions necessary for re employment." The ODG Guides under the Fitness for duty chapter, FCE's states, "Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. ([Lechner, 2002](#)) ([Harten, 1998](#)) ([Malzahn, 1996](#)) ([Tramposh, 1992](#)) ([Isernhagen, 1999](#)) ([Wyman, 1999](#)) Functional capacity evaluation (FCE), as an objective resource for disability managers, is an invaluable tool in the return to work process. ([Lyth, 2001](#)) There are controversial issues such as assessment of endurance and inconsistent or sub-maximum effort. ([Schultz-Johnson, 2002](#)) Little to moderate correlation was observed between the self-report and the Isernhagen Work Systems Functional Capacity Evaluation (FCE) measures. ([Reneman, 2002](#)) Inconsistencies in subjects' performance across sessions were the greatest source of FCE measurement variability. Overall, however, test-retest reliability was good and interrater reliability was excellent. ([Gross, 2002](#)) FCE subtests of lifting were related to RTW and RTW level for people with work-related chronic

symptoms. Grip force was not related to RTW. ([Matheson, 2002](#)) Scientific evidence on validity and reliability is limited so far. An FCE is time-consuming and cannot be recommended as a routine evaluation. ([Rivier, 2001](#)) Isernhagen's Functional Capacity Evaluation (FCE) system has increasingly come into use over the last few years. ([Kaiser, 2000](#)) Ten well-known FCE systems are analyzed -- All FCE suppliers need to validate and refine their systems. ([King, 1998](#)) Compared with patients who gave maximal effort during the FCE, patients who did not exert maximal effort reported significantly more anxiety and self-reported disability, and reported lower expectations for both their FCE performance and for returning to work. There was also a trend for these patients to report more depressive symptomatology. ([Kaplan, 1996](#)) Safety reliability was high, indicating that therapists can accurately judge safe lifting methods during FCE. ([Smith, 1994](#))

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

ODG.
ACOEM

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on .