



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: September 21, 2007

IRO Case #:

Description of the services in dispute:

Items in dispute: CPT code #97545. Medical Necessity.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is certified by the American Board of Orthopedic Surgery. This reviewer is licensed in three states and has privileges at three hospitals. This physician has been the Chairman of the Emergency Room Committee, a Medical Staff Treasurer, Section Chief of Orthopedic Surgery. This physician is a Diplomate of the American Academy of Orthopedic Surgery and the Arthroscopy Association of North America. They are an assistant professor at a school of medicine for Orthopedic Surgery. The reviewer also serves as a consultant to a state workers compensation board as well as health carrier boards. This reviewer has been in active practice since 1989.

Review Outcome

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

Overtured

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.

CPT #97545–Work hardening/conditioning; initial 2 hours is medically necessary.

Information provided to the IRO for review

Received from State:

CPT description #97545/work hardening/conditioning; initial 2 hours

Request for review, denied services continuation work conditioning 5x/weeks-8/29/07-3 pages

Correspondence Denial Letter-8/28/07-1 page

Correspondence Review Summary-8/17/07-2 pages

Correspondence Denial Letter-8/17/07-3 pages

Received from Coventry Healthcare:

Texas Department of Insurance Letter-8/31/07-1 page

Therapy Referral from Surgery Group-7/11/07-1 page

Evaluation from Surgery Group-7/11/07-3 pages

Functional Capacity Evaluation from Surgery Group-7/16/07-7 pages

Specialty Hospital Procedure Notes-5/25/07-5 pages

Work Conditioning/Work Hardening Summary Weekly Progress Report-8/10/07-3 pages

Work Conditioning/Work Hardening Summary Weekly Progress Report-8/03/07-2 pages

Letter to MD from OTR-8/17/07-2 pages

Evaluation from Surgery Group-8/8/07-1 page

Therapy Referral from Surgery Group-6/20/07-1 page

Upper Extremity Evaluation from Surgery Group-6/21/07-2 pages

Evaluation from Surgery Group-6/6/07-2 pages

Surgery Treatment Request for ORIF scheduled for 5/25/07-Undated-2 pages

Evaluation from -5/22/07-3 pages

Patient clinical history [summary]

This is a male individual who sustained injury to his wrists. He underwent ORIF to both wrists. He received 18 visits of OT and was certified for 20 sessions of work hardening. His physician recommended work hardening.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

CPT #97545-Work hardening/conditioning; initial 2 hours is medically necessary. Documentation submitted by treating physician fulfills criteria of ODG/work hardening. The scientific literature demonstrates benefit from utilization of this type of treatment. (see references below)

1. Physical recovery sufficient to allow for progressive reactivation and participation...
2. A defined return to work goal.
3. The worker must be able to benefit from the program...likelihood of success.
4. The worker must be no more than 2 years past date of injury.

The medical record demonstrates gradual improvement and restoration of ability to perform job related activities. The individual has practiced climbing a 28 foot ladder, carrying a ladder and hoisting the ladder. These activities would not be expected to be completed without such a program. Standard physical therapy or occupational therapy cannot fulfill the required needs for this patient.

The medical record demonstrates a defined return to work goal. The individual will resume his previous occupation as refrigeration tech/pipe installer.

The individual sustained a complex bilateral wrist injury. His progress can be considered excellent after the surgical procedures. His physician has defined a goal of return to work. His physician substantiates the necessity for this treatment.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. ODG 2007
2. Baker P, Goodman G, Ekelman B, Bonder B.
3. The effectiveness of a comprehensive work hardening program as measured by lifting capacity, pain scales, and depression scores. Work. 2005;24(1): 21–31. Work. 2001;16(3): 235–243.
4. Work hardening: Outdated fad or effective intervention? Johnson LS, Archer–Heese G, Caron–Powles DL, Dowson TM. PAR (Prevention Assessment and Rehabilitation) Health Services, Health Sciences Centre, Winnipeg, Manitoba, Canada.

**OBJECTIVES:** The purpose of this outcome measurement study was to determine the effectiveness of a work hardening program as measured by the participants' work status at three months after program completion. Predictors of successful return to work were explored. **STUDY DESIGN:** The sequential case series design was employed, and data were gathered at three points: the initial work hardening assessment, the discharge assessment, and three months post–discharge from the work hardening program. Seventy–nine participants were included. **RESULTS:** Eighty–two percent (82%) of the clients who completed a work hardening program reported that they were working in some capacity three months after program completion. They listed their employment status in 5 sub–categories. Significant predictors of employment included "single" marital status, lower perceived disability scores at program entry, reduction in reported pain during program duration,

and funding source. CONCLUSION: Work hardening remains an effective treatment strategy which promotes successful return to the workplace. Ongoing analyses of these programs is imperative.

5. Foye PM, Stitik TP, Marquardt CA, Cianca JC, Prather H. Industrial medicine and acute musculoskeletal rehabilitation. 5. Effective medical management of industrial injuries: from causality to case closure. Arch Phys Med Rehabil. 2002 Mar;83(3 Suppl 1): S19-24, S33-9. Review. PMID: 11973692 [PubMed – indexed for MEDLINE]

6. Beissner KL, Saunders RL, McManis BG. Factors related to successful work hardening outcomes. Phys Ther. 1996 Nov;76(11): 1188-201.