

# P&S Network, Inc.

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**DATE OF REVIEW:** April 28, 2008

**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, Licensed in Texas and Board Certified. 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**

Work hardening 5x/week for 4 weeks

## **REVIEW OUTCOME**

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

be: Upheld (Agree)

## **PATIENT CLINICAL HISTORY** **[SUMMARY]:**

According to the medical records provided for review and prior reviews, the patient is a xx-year-old employee who sustained an industrial injury to the low back, right leg and right inguinal region while setting up an umbrella on xx/xx/xx. Initial treatment was provided in an emergency room. Surgical repair of a right incarcerated inguinal hernia was performed on November 28, 2007.

A carrier note indicates that the employer could not accommodate work limitations and the patient has been terminated.

On January 24, 2008 the patient's surgeon provided a prescription for 20 sessions of work hardening for a diagnosis of right inguinal hernia and right abdominal pain. On February 13, 2008 the patient's provider wrote a script requesting 20 sessions of work hardening.

A pre-authorization request for work hardening of 20 sessions with medical rationale was submitted on February 13, 2008. The patient's job requires lifting of up to 60 pounds. His current lifting capacity is 20 pounds. The patient continues with functional

deficits. The patient's physical demand level of his work requires medium labor activities 8+ hours per day. The provider and is surgeon have recommended 20 sessions of work hardening. It is planned to provide 10 sessions and then, upon documentation of subjective and objective gains, to request an additional 10 sessions. Based on the Functional Capacity Evaluation provided the patient meets the requirements for work hardening. The patient also need some group therapy. The work hardening program has protocols to simulate workplace tasks, improve endurance, increase tolerance and improve upper extremity functioning. Group therapy sessions are provided by a qualified Mental Health Provider. Work Hardening will be provided for a minimum of 4 hours per day.

Request for 20 sessions of work hardening was not-certified in review on February 21, 2008 with rationale that the medical records failed to document a return to work agreement verifying that the worker has to lift 50 pounds as the worker has been terminated from his job. There was no job analysis provided from the employer verifying that the patient must lift 50 lbs. It was opined that other valet co-workers could assist the patient when lifting heavy objects. There was no indication that work

hardening is needed as the patient has made sufficient progress to transition to a home exercise program.

A pre-authorization request for work hardening was submitted on March 14, 2008 as well as an appeal with inclusion of the surgeon's prescription for work hardening, a return to work agreement, and a consultation report of the provider dated February 1, 2008.

Per the work hardening request, the patient's job requires lifting of up to 60 pounds. His current lifting capacity is 20 pounds. The patient continues with functional deficits. The patient's physical demand level of his work requires medium labor activities 8+ hours per day. The provider and his surgeon have recommended 20 sessions of work hardening. It is planned to provide 10 sessions and then, upon documentation of subjective and objective gains, to request an additional 10 sessions. Based on the Functional Capacity Evaluation provided the patient meets the requirements for work hardening. The patient also needs some group therapy. The work hardening program has protocols to simulate workplace tasks, improve endurance, increase tolerance and improve upper extremity functioning. Group therapy sessions are provided by a qualified Mental Health Provider. Work Hardening will be provided for a minimum of 4 hours per day.

Per a document entitled Employment Return to Work Agreement, the patient agrees to be compliant with the return to work effort. The form is not signed by an employer and does not provide verification from the employer of the need to lift 50 pounds.

Rationale for appeal is provided as follows: the review physician stated there is no job analysis provided. Job descriptions for Valet Managers working in the same capacity as the patient, per the US Department of Labor, show the job capacity to be Medium to Heavy work. One of the patient's job duties was to carry the heavy umbrella and stand from the truck and set it up for the valet attendants. His job demand for this position is medium, requiring frequent lifting of up to 50 pounds. He is currently at a sedentary capacity, able to perform only occasional lift of up to 20 pounds. The regulations entitle the patient to return to pre-injury efficiency as a Valet Manager, not to have other employees do part of his job. A 10 day trial of work hardening is a reasonable request.

On March 21, 2008 request for reconsideration of 20 sessions of work hardening were not certified in review with rationale that physical therapy was not needed following hernia repair. According to ODG patients can return to normal activity soon after inguinal herniorrhaphy, without increasing the recurrence rate at one year and three years and with considerable monetary benefit to one-third of workers. The FCE of February 2008 shows the patient can lift up to 20 pounds which falls into the Medium PDL. Valet work primarily involves lifting key rings with many valet stands being pre-setup with umbrellas. Return to work would be the best long-term outcome even if there is a gradual return to work duties. Additionally, the patient does not have a job to return to as he has been terminated.

On April 17, 2008 the provider requested an IRO.

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

The Official Disability Guidelines references state that patients can return to normal activity sooner after inguinal herniorrhaphy than has been advised without increasing the recurrence rate at one year and three years and with considerable monetary benefit to one-third of workers. ODG criteria require a defined return to work goal agreed to by the employer & employee. The medical records fail to document a return to work agreement indicating the patient has a job to return to. In addition, the medical records fail to establish that the patient must lift 50 pounds or that work conditioning is needed post herniorrhaphy. It is also noted that as a manager, the patient's normal valet duties would involve directing other valets for various tasks such as lifting. The medical records fail to meet criteria required by ODG to warrant the medical necessity for work hardening. Therefore, my determination is to uphold the previous non-certification of the request for work hardening 5x/week for 4 weeks.

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

\_\_\_\_ AHCP- 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

\_\_X\_\_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

The Official Disability Guidelines - Work Conditioning/Work Hardening - 4-21-08

Recommended as an option, depending on the availability of quality programs. 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. These programs should only be utilized for select patients with substantially lower capabilities than their job requires. The best way to get an injured worker back to work is with a modified duty RTW program (see ODG Capabilities & Activity Modifications for Restricted Work), rather than a work conditioning program, but when an employer cannot provide this, a work conditioning program specific to the work goal may be helpful. (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. Work conditioning and work hardening are not intended for sequential use. They may be considered in the subacute stage when it appears that exercise therapy alone is not working and a biopsychosocial approach may be needed, but single discipline programs like work conditioning may be less likely to be effective than work hardening or interdisciplinary programs. (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.

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 with job demands that exceed abilities, 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.

ODG Physical Therapy Guidelines - Work Conditioning

10 visits over 8 weeks

See also Physical therapy for general PT guidelines.

And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

The Official Disability Guidelines - Hernia - 3-10-08:

Recommended as indicated below. Development of hernias among active workers is a major occupational problem, however, the work-relatedness of hernias has not been well investigated. Rate ratios for hernias vary considerably within industries and occupations, with the highest ratios found in industries and occupations involving manual labor. This provides support for the hypothesis that the hernias are work-related, especially in work involving strenuous, heavy manual labor. (Kang, 1999)

ODG Capabilities & Activity Modifications for Restricted Work:

Clerical/modified work: Lifting and carrying not more than 5 lbs up to 3 times/hr; pushing and pulling up to 10 lbs 3 times/hr; no handling of heavy machinery; personal driving only.

Manual work: Lifting and carrying not more than 20 lbs up to 10 times/hr; pushing and pulling up to 35 lbs 10 times/hr; limited handling of heavy machinery restricted by physical effort involved; personal driving only.

The Official Disability Guidelines references: Bourke JB, Lear PA, Taylor M, Effect of early return to work after elective repair of inguinal hernia: Clinical and financial consequences at one year and three years, Lancet 1981 Sep 19;2(8247):623-5

Since January, 1976, male patients undergoing elective unilateral inguinal herniorrhaphy have been included in a trial to see whether early return to normal activity is associated with an increased recurrence rate and to investigate economic consequences. By June, 1981, 500 patients had been reviewed at one year. 2 patients had defaulted. The first 200 patients had been examined at one year and three years. Recurrence was assessed independently, and recurrences were found of which the patient was unaware. The acceptable definition of recurrence was need for reoperation or a truss. The overall recurrence rate at one year was 3.9%. At three years no further recurrences were detected in the first 200 patients. There was no difference in the recurrence rate for those in the "early" group with 8 recurrences in a total of 246 patients and 10 recurrences in 245 patients in the control group. the median inactivity period in the "early" group was 48 days, compared with 65 days in the control. This differences of 17 days is significant ( $p=0.001$ ). The self-employed "early" group returned to work in a median of 31 days. One-third of workers were losing a median of pounds 31 per week (range pounds 3- pounds 200). Patients can return to normal activity sooner after inguinal herniorrhaphy than has been advised without increasing the recurrence rate at one year and three years and with considerable monetary benefit to one-third of workers.