

# Applied Assessments LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** 4/29/08

**IRO CASE #:**

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

Work hardening 5 x a week x 4 weeks, Lumbar

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

M.D., Board Certified in Family Practice with a Certificate of Added Qualification in Sports Medicine

### **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)

Upon independent review the reviewer finds that the requested work hardening program, 5 times a week times 4 weeks as related to the lumbar is not medically necessary.

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

The patient was injured while on the job on xx/xx/xx while carrying out his job duties at xxxx. He fell 5-6 feet down from a truck and landed on his left buttocks and hit his right chest. He complained of low back pain as well as numbness in his left leg as well as right upper chest wall pain. He sought medical care 3 days later. Notes from patient's initial care were not available to the reviewer. The patient was noted in a peer review note to have had PT at PT starting 11/13/08 (although it also says only one visit completed and there are no notes to confirm this). The patient then transferred his care to Dr. at the on 11/28/07. At the time of the initial evaluation the patient was diagnosed with chest contusion and sprain, lumbar sprain, disc herniation and radiculopathy. The patient was told to continue taking Lyrica and Darvocet and was referred for an MRI,

NCS/EMG, and Physical therapy. Again there are no PT notes but a note in the preauthorization for work hardening that says that the PT was requested by the Treatment center but not authorized. The patient followed up with Dr. on 1/12/08 and at this point still had not started PT or had the MRI or EMG. Patient had a NCS/EMG on January 17, 2008 and an MRI on January 18, 2008. At the next follow up on 2/9/08 the patient was reportedly pain free. The MRI and EMG were normal. The patient then reportedly worked for 2 weeks. He returned to Dr. on 2/23/08 and reported pain with working. He and the doctor requested continued PT (although unclear if he had any PT) and a work hardening program. On 3/12/08 the patient had both an FCE by the treatment center and a DDE (designated doctor exam) by an independent evaluator. The FTE indicated the patient had reached a Medium physical demand level for work but that he "may benefit from a work hardening program". The DDE, by Dr., concluded the patient had reached Maximal medical improvement by 1/18/08 and showed 0% impairment or disability. The last noted visit with Dr. was on 3/24/08 at which time he noted the above FCE and DDE results but disagreed with the patient's status stating the patient had mechanical back pain and radicular pain and recommended lumbar steroid injections and work hardening for the patient.

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

The patient in this case had a work related injury in xx/xx/xx and is reporting continued pain when going back to work. He is presently not working and there is no definite evidence that the employer will take him back after he is pain free. He has no evidence of disc or nerve injury and thus has the diagnosis of lumbar strain-mechanical in nature. Based on the history he never received a complete course of physical therapy for the pain. He also has been found to be able to do moderate work on FTE and have no disability on DDE.

The ODG guidelines outline the criteria for work hardening. The first criterion is "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." It appears that the patient meets this criterion with the findings of ability to do moderate work on the FTE performed and no disability noted on DDE.

The second criterion is "a defined return to work goal agreed to by the employee & employer". This can be either "a documented specific job to return to with job demands that exceed abilities" or "documented on the job training". This does not appear to be provided to the reviewer by the evidence presented. There is no definite job or specific agreement (other than the note marking possible for the job availability). There is also no documented procedure for on-the-job training.

The third criterion is that "the worker must be able to benefit from the program". Here the patient did undergo an assessment for the entrance to the program and it was noted that he "may benefit from a work hardening program". The fourth criterion is that the worker "must be no more than 2 years past the injury date"; the patient does fit within this window. The last criterion is program timeliness; "work hardening should be completed in 4 weeks consecutively or less". It is unclear from clinical evidence that will benefit from work hardening. The treatment should not exceed 2 weeks without demonstrated efficacy. Medical records provided do not show that the patient ever had an adequate or complete physical therapy program to treat his injury

In applying the above criteria to this patient's case, the areas that do not support a work hardening program are the lack of a guaranteed job for the patient to go to after the program and the 4 week length of time exceeds the initial recommended length (without demonstrating efficacy). In addition, if the patient were to have a job to return to; the

length of 4 weeks may be more than is needed to go from a moderate work capability to a full load capability.

Therefore, because the patient does not fit the criteria established for work hardening by ODG Guidelines, the reviewer upholds the prior decision and does not find a work hardening program, 5 times a week for 4 weeks to be medically necessary.

**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
- 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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)