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**DATE OF REVIEW:** 08/26/2008

**IRO CASE #:**

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

Additional 2 weeks of work conditioning (4-8 hours per day)

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

This case was reviewed by a Texas licensed DC, specializing in Chiropractic. The physician advisor has the following additional qualifications, if applicable:

**REVIEW OUTCOME:**

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Additional 2 weeks of work conditioning (4-8 hours per day)	97546	-	Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

History: According to the submitted data (34 pages), the claimant who injured herself while at work on xx/xx/xx. There is no information regarding how the injury occurred nor are there any pre/post therapy outcomes to justify continuing the same treatment. The claimant has completed 24 sessions of physical therapy, 2 epidural steroid injections and 12 sessions of work conditioning. However, the claimant has still not responded well enough to return to full duty status at work. On 06-25-08, the claimant completed an FCE which indicated a medium level physical demand limit. On 07-16-08, the treating physician's notes indicate an additional 2 weeks of work conditioning should resolve the condition and allow the claimant to return to work at full duty. There are no indications why after the plethora of treatment and work conditioning this claimant will need additional treatment. There are no notations of red flags or neurological compromise. Now the treating physician is requesting 2 weeks of additional work conditioning.

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

As noted in the citation portion of this report, the best way to get an injured worker back to work is with a modified duty RTW program. If this is not available then a work conditioning program may be helpful. The guides also indicate functional improvement should occur after initial use of the program with clear evidence of benefit and the use of the FCE to evaluate the RTW show mixed results. It appears the claimant not only has exceeded the guides for the 24 visits of physical therapy, the guides have been exceeded in the work conditioning program as well. The evidence does not support continuing an additional 2 weeks of work

conditioning, but indicates the claimant should be at work with modified duties to gain endurance, strength and confidence as noted in the guides. Therefore, the denial for an additional 2 weeks of work conditioning is upheld and is not considered medically necessary or reasonable.

Work hardening and work conditioning is recommended as an option, depending on the availability of quality programs. Physical conditioning programs that include a cognitive-behavioral 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 therapy provider 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](#)) The need for work hardening is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective, and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands. As with all intensive rehab programs, measurable [functional improvement](#) should occur after initial use of WH. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit. ([Schonstein-Cochrane, 2008](#)) Use of Functional Capacity Evaluations (FCE's) to evaluate return-to-work may show mixed results. See the [Fitness For Duty Chapter](#).

#### **Criteria for admission to a Work Hardening Program:**

- (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).
- (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.
- (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.
- (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
- (5) 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
- (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with 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.
- (7) 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.
- (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.
- (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and

demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.

(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

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.

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

ODG:

Lower back, procedural summary, work conditioning