

# Applied Assessments LLC

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

**DATE OF REVIEW:** 8-27-2008

**IRO CASE #:**

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

Work Hardening Program 10 Sessions

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

Chiropractor  
AADEP Certified  
Whole Person Certified  
TWCC ADL Doctor  
Certified Electrodiagnostic Practitioner  
Member of the American of Clinical Neurophysiology  
Clinical practice 10+ years in Chiropractic WC WH Therapy

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Denial Letters 6/23/08 and 7/14/08  
Healthcare 6/6/08, 5/24/08, 7/10/08  
6/23/08 and 7/14/08  
Rehab 5/6/08  
Letter from Dr. 2/25/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee was involved in an occupational injury on xx/xx/xx. The injured employee was injured when he twisted his right knee. He underwent an MRI of the right knee which was positive for a medial and lateral full thickness cartilage erosive changes with subchondral edema and moderate effusion. The injured employee was placed into therapy, worked part time, and eventually underwent right knee arthroscopy on or about 1-03-2008. A functional ability evaluation was performed on 6-06-2008. On 06-08-2008 psychological evaluation was performed. Ten (10) sessions of work hardening are now being requested.

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

The injured employee currently does not meet the required guidelines for an additional 10-session work hardening program according to the ODG Admission Criteria and the records submitted for review:

In review of the documentation submitted the injured employee does not meet the criteria for 10-sessions of work hardening. The documents reviewed do not meet #2 and #3. Additionally, records do not provide post-operative records. There is no documentation of pre and post therapy that maybe suggestive of objective quantitative evidence of functional improvement with therapy. A modified return to work with gradual return to full duty has been determined to provide the best outcome per ODG.

Work conditioning, work hardening	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 <a href="#">ODG Capabilities &amp; Activity Modifications for Restricted Work</a> ), 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. ( <a href="#">Schonstein-Cochrane, 2003</a> ) 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). ( <a href="#">Lang, 2003</a> ) 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
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	<p>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 <a href="#">interdisciplinary programs</a>. (CARF, 2006) (Washington, 2006) Use of Functional Capacity Evaluations (FCE's) to evaluate return-to-work show mixed results. See the <a href="#">Fitness For Duty Chapter</a>.</p> <p><b>Criteria for admission to a Work Hardening Program:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. A defined return to work goal agreed to by the employer &amp; employee:       <ol style="list-style-type: none"> <li>a. A documented specific job to return to with job demands that exceed abilities, OR</li> <li>b. Documented on-the-job training</li> </ol> </li> <li>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.</li> <li>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.</li> <li>5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.</li> </ol> <p><b>ODG Physical Therapy Guidelines – Work Conditioning</b>  10 visits over 8 weeks  See also <a href="#">Physical therapy</a> for general PT guidelines.</p>
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**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
- INTERQUAL CRITERIA
- 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)**