



5068 West Plano Parkway Suite 122  
 Plano, Texas 75093  
 Phone: (972) 931-5100

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 12/30/2008

**IRO CASE #:**

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

Work Hardening Program x 10 days/sessions

**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 MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

**REVIEW OUTCOME:**

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

Overturned

<b>Health Care Service(s) in Dispute</b>	<b>CPT Codes</b>	<b>Date of Service(s)</b>	<b>Outcome of Independent Review</b>
Work Hardening Program x 10 days/sessions	97545, 97546	-	Overturned

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The date of injury is listed as xx/xx/xx. There is a documented history of a twisting injury to the left knee, sustained on the date of injury. The records available for review document that in 11/08, the claimant underwent a left knee MRI which revealed findings consistent with a tear of the lateral meniscus, as well as a grade IV chondromalacia in the medial compartment of the affected knee. A functional capacity evaluation was conducted on 10/8/08. This study was a valid study, and this study disclosed that the claimant was capable of sedentary light work activities. It is documented that the claimant's pre injury work activity was of a medium duty level. The records available for review document that the claimant reportedly has a job to return to in this particular case.

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

In this particular case, an attempt at a work hardening program would appear acceptable per criteria set forth by Official Disability Guidelines. The date of injury is approximately 15 months in age. Previous treatment included an attempt at therapy services, as well as individual counseling. The documentation submitted for review indicates that the claimant has a job to return to, and the claimant's pre injury job was of a medium duty level. A functional capacity evaluation accomplished on 10/8/08 revealed that the claimant

was capable of sedentary light work activities, and this study was a valid study. The claimant was employed with the employer for approximately 5 years prior to the work injury dated xx/xx/xx. Thus, in the strictest sense, appropriate criteria have been met per Official Disability Guidelines to support an attempt at treatment in the form of a work hardening program. The submitted medical documentation would support an attempt at a work hardening program in this specific case.

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