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**DATE OF REVIEW:** 01/06/2008

**IRO CASE #:**

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

Outpatient Work Conditioning

**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.

**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
Outpatient Work Conditioning	Not available	Upon approval	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Documentation:	Date:
Office Visit – Physical Performance Evaluation - OTR	02/20/07
Office Visit –DC	02/26/07
Office Visit –DC	02/28/07
Office Visit –DC	03/12/07
Office Visit –DC	04/17/07
Office Visit –DC	05/17/07
Office Visit –DC	06/15/07
Office Visit – Functional Capacity Evaluation –OTR	09/26/07
Dispute letter regarding Designated Doctor appointment –DC	09/21/07
Office Visit – DC	10/03/07
Utilization Review Determination – Adverse determination Outpatient Work Conditioning – Guidelines cited - source information not included –	10/24/07
Office Visit –Chiropractic Neurology	11/15/07
Utilization Review Appeal Determination – Adverse determination Outpatient Work Conditioning – Guidelines cited - source information not included –	11/27/07

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

At your request I have reviewed the available medical records pertaining to the above-captioned claimant, at which time an IRO was performed for medical necessity for work conditioning. According to the records submitted, the claimant was injured on the job on xx/xx/xx. The claimant worked as a manager at a store, and had several boxes above him fall on top of his head and shoulder. He sought care with Dr. n, who examined him and diagnosed a cervical and shoulder sprain/strain and radiculopathy. The claimant underwent conservative care with Dr. who then referred him for an EMG/NCV of the upper extremities which was negative. But still maintains the possibility of herniated disc in the neck. The claimant was then referred to Dr. who performed 3 ESI's to the cervical spine and did not have the desired results of symptom resolution. The claimant was then referred to an orthopedic surgeon who indicated the claimant was not a surgical candidate. The claimant has completed a FCE which indicated he is at a medium/heavy PDL, which is what his occupational PDL is requiring as well. Now Dr. is requesting 6 weeks of work conditioning at 4-6 hours per day at 3 times a week (18 sessions). According to the FCE and the examination findings from Dr. , the claimant has normal DTR's, normal motor, and mild decreased ROM in the neck and shoulder. Dr. request was denied based on the ODG guidelines and has submitted this request for an IRO. The claimant has not been returned back to work.

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

Based upon evidence based medicine the request is not medically necessary. Therefore, the request for 18 sessions of work conditioning does not meet the guides for this claimant and is not medically necessary or supported for the guides. The decision to deny the 18 sessions of work conditioning is upheld. The information provided suggests the requested procedures are not medically necessary.

**Citation/Evidence:** 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 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 bio-psychosocial 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](#).

The ACOEM guidelines do indicate, once the claimant has recovered, a progressive return to normal work activities continue to encourage daily exercise to maximize work activity tolerance and reduce recurrence. This has been accomplished thoroughly as noted in the records. Furthermore, the ACOEM guidelines Chapter 5, indicated "Prompt return to work in a capacity suitable for the worker's current capabilities and needs for rest, treatment, and social support prevents deconditioning and disabling inactivity, reinforces self esteem, reduces disability, and improves the therapeutic outcome in most individual cases and on an aggregate basis. Injured workers can be temporarily placed in different jobs from their usual jobs (temporary duty), or their usual jobs can be temporarily modified to accommodate their limitations and remaining

abilities (modified or temporary transitional work). Accommodation, with progressively fewer restrictions as healing occurs, generally has a greater chance of success; the highest success rates are achieved when workers return to a modification of their pre injury job. Disability management conveys respect for injured or ill employees and provides social support that hastens recovery"; "In order for an injured worker to stay at or return successfully to work, he or she must be physically able to perform some necessary job duties. This does not necessarily mean that the worker has fully recovered from the injury, or is pain free; it means that the worker has sufficient capacity to safely perform some job duties. Known as functional recovery, this concept defines the point at which the worker has regained specific physical functions necessary for re employment." The ODG Guides under the Fitness for duty chapter, FCE's states, "Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. ([Lechner, 2002](#)) ([Harten, 1998](#)) ([Malzahn, 1996](#)) ([Tramposh, 1992](#)) ([Isernhagen, 1999](#)) ([Wyman, 1999](#)) Functional capacity evaluation (FCE), as an objective resource for disability managers, is an invaluable tool in the return to work process. ([Lyth, 2001](#)) There are controversial issues such as assessment of endurance and inconsistent or sub-maximum effort. ([Schultz-Johnson, 2002](#)) Little to moderate correlation was observed between the self-report and the Isernhagen Work Systems Functional Capacity Evaluation (FCE) measures. ([Reneman, 2002](#)) Inconsistencies in subjects' performance across sessions were the greatest source of FCE measurement variability. Overall, however, test-retest reliability was good and interrater reliability was excellent. ([Gross, 2002](#)) FCE subtests of lifting were related to RTW and RTW level for people with work-related chronic symptoms. Grip force was not related to RTW. ([Matheson, 2002](#)) Scientific evidence on validity and reliability is limited so far. An FCE is time-consuming and cannot be recommended as a routine evaluation. ([Rivier, 2001](#)) Isernhagen's Functional Capacity Evaluation (FCE) system has increasingly come into use over the last few years. ([Kaiser, 2000](#)) Ten well-known FCE systems are analyzed -- All FCE suppliers need to validate and refine their systems. ([King, 1998](#)) Compared with patients who gave maximal effort during the FCE, patients who did not exert maximal effort reported significantly more anxiety and self-reported disability, and reported lower expectations for both their FCE performance and for returning to work. There was also a trend for these patients to report more depressive symptomatology. ([Kaplan, 1996](#)) Safety reliability was high, indicating that therapists can accurately judge safe lifting methods during FCE. ([Smith, 1994](#))

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

ODG:

Lower back, page 30 under procedure summary, work hardening

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 01/06/2008.

