

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 07/01/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program

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

The TMF physician reviewer is board certified in physical medicine/rehabilitation with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the work hardening program was medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Letter to from– 06/18/08
- Letter of medical necessity from Dr. – 06/16/08
- Request for Reconsideration – no date
- Letter from Dr. – 02/22/08

- Request form for review by an IRO – 05/27/08
- Report of initial psychological evaluation - 10/08/07
- Office visit notes from Dr. – 09/18/07
- Functional Capacity Evaluation – 09/26/07,11/12/07
- Work Hardening Treatment Plan – no date
- Interdisciplinary program team conference – 10/12/07 to 12/07/07
- Daily notes for work hardening – 10/09/07 to12/07/07
- Psychotherapeutic Group Note – 10/09/07 to 12/03/07
- Information from TDI requesting review by an IRO – 06/12/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx resulting in injury to his head and cervical spine when a box fell on his head. Following a neurological evaluation, the patient was diagnosed with post concussion syndrome. In addition, the patient was diagnosed with depression and anxiety. The patient participated in a work hardening program during the dates of 10/08/07 through 12/10/07.

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

Based upon the ODG, work hardening is justified for neck head (and back) injuries. The ODG cites the importance of work for people with minor head injuries. It also notes there are times that additional treatments are necessary. Work conditioning, work hardening is recommended as an option, depending on the availability of quality programs, and should be specific for the job the individual is going to return to. See the Low Back Chapter for more details and references. Work Conditioning should restore the injured worker'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 or 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 tolerance. This patient meets criteria for admission to a Work Hardening Program. Work is recommended, especially for mild traumatic brain injury (MTBI). Following MTBI, many individuals are able to resume normal work duties with secondary prevention precautions and education requiring little or no additional therapeutic intervention. A smaller percentage of individuals with MTBI at the upper end of the definition such as age greater than 40, prior TBI, loss of consciousness close to 30 minutes or mental status changes lasting 24 hours, may require more assistance in return to work and accommodations. Individuals with MTBI may be instructed to temporarily reduce the amount, type and/or intensity of their work duties or temporarily remain out of work entirely,

depending on their clinical condition. The majority of mild traumatic brain injury patients recover completely within one month from mild traumatic brain injury. ...Other challenges include post concussion syndrome symptoms such as dizziness, sleep disorders, headaches and other physical deficits in addition to significant psychosocial and cognitive deficits as a result of the injury. Research points to the importance of addressing these deficits using a supportive vocational rehabilitation team approach that focuses on assessing a wide range of cognitive, physical, and functional variables (Quellet, 2004) (Possl, 2004) (Vandiver, 2003) (Wedcliffe, 2001) (Wehman, 2005). In addition to post-concussion symptoms, workers with MTBI may have cognitive deficits in memory, attention and executive function. Physicians should be aware of this, even if the worker has no complaints/symptoms. Memory, attention and executive function should be tested by asking specific questions regarding recent events and having individuals perform specified tasks. Physicians should inform the individual with TBI and their supervisor to expect memory and attention deficits and accommodate accordingly (Colorado, 2005).

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)