



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: July 31, 2008

IRO Case #:

**Description of the services in dispute:**

Work hardening/work conditioning program and FCE performed from 09/18/07 through 10/17/07.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

**Review Outcome**

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

Upheld

Work hardening/work conditioning program and FCE performed from 09/18/07 through 10/17/07 is not medically necessary based on ODG guidelines.

**Information provided to the IRO for review**

Records received from the state:

Confirmation of receipt of a request for IRO

Price list

Request for IRO

Billing form from Center dates of service 09/18/2007 to 10/05/2007

Explanation of review for dates of service 10/01/2007 to 10/05/2007

Explanation of review Reconsideration for dates of service 10/01/2007 to 10/05/2007

Billing form from Center dates of service 10/08/2007 to 10/12/2007

Explanation of review for dates of service 10/08/2007 to 10/12/2007

Billing form from Center dates of service 10/15/2007 to 10/16/2007

Explanation of review for dates of service 10/15/2007 to 10/16/2007

Billing form from Center date of service 10/17/2007

Explanation of review for date of service 10/17/2007

Designated doctor examination dated 08/31/2007

Report of medical evaluation

company forms dated 10/15/2007, 10/22/2007, 10/30/2007, and 04/30/2008

Rush processing request form

Records received:

Professional referral slip

Physical therapy documentation of procedure forms

Functional capacity evaluation summary dated 09/18/2007 and 10/17/2007

Task left test

Job description for construction worker I

Work conditioning program progress notes dated 09/17/2007 to 09/21/2007, 09/24/2007 to 09/28/2007, 10/01/2007 to 10/05/2007, 10/08/2007 to 10/12/2007, and 10/15/2007 to 10/19/2007

Work conditioning weekly note dated 09/21/2007, 09/28/2007, 10/05/2007, 10/12/2007 and 10/19/2007

Medical record review dated 10/06/2007, 12/14/2007, and 04/25/2008

Range of motion exam dated 10/17/2007

Request for IRO from PT

Letter dated 07/15/2008

### **Patient clinical history [summary]**

The patient in this case was injured on xx/xx/xx after picking up a pump with a hose. The patient underwent a designated doctor evaluation and impairment rating exam with MD on xx/xx/xx. He was unsure as to whether he had a job and he had not returned to work in 13 months. The patient was 5'8" tall and he weighed 230 lbs. The examination was unremarkable and he was certified at MMI with zero percent impairment as of 08/31/07. Although the patient complained of right sided

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lower back pain without right leg involvement, the evaluation revealed no relevant clinical findings. The patient underwent a functional capacity evaluation on 09/05/06 that revealed he was capable of NIOSH arm lifting 117 lbs, torso lifting of 120 lbs, leg lifting 140 lbs, floor lifting 100 lbs or more, and high-near lifting at greater than 120 lbs. A repeat FCE done on 10/02/06 revealed the patient could NIOSH floor lift an average of 145 lbs, leg lift greater than 135 lbs, torso lift from 28–92 lbs, and arm lift 88–93 lbs. The designated doctor noted that the patient actually exhibited a reduction in his functional capacity after being treated by the chiropractor. Further reduction in his functional capacity was reported in a 10/19/06 FCE.

The patient underwent a subsequent FCE on 09/18/07 and the report indicated he was only capable of lifting 20 lbs, carrying 25 lbs, overhead lifting 20 lbs, and push/pulling 25 lbs. The patient underwent another FCE on 10/17/07 after four weeks of work hardening and he was able to lift 75 lbs, carry 75 lbs, overhead lift 75 lbs, and push/pull 75 lbs.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

Question 1: Is work hardening/work conditioning program and FCE performed from 09/18/07 through 10/17/07 medically necessary?

Based on the documentation provided by the designated doctor, the work hardening/conditioning program and the FCE performed from 09/18/07 through 10/17/07 were not medically necessary. The Official Disability Guidelines indicate the following 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; and (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; and (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.

The patient in this case was not a candidate for a work hardening program for several reasons. First, there was no evidence to indicate that the patient had a job to return to in this case. Secondly, prior functional capacity evaluations revealed that the patient was capable of returning to work at full duty within one month after his date of injury and sequential FCEs done after September 2006 revealed a trend to worsening physical function in spite of the care rendered by the chiropractor, which points to the existence of issues unrelated to the physical injury in this case. Thirdly, the patient's lack of appreciable progress (negative response to treatment as indicated by prior FCEs) would preclude the continuation of treatment through a work hardening program.

Finally, the patient in this case underwent a designated doctor evaluation 2 weeks prior to beginning the work hardening program and he was certified at MMI with zero percent impairment. The designated doctor reported that, although the patient complained of right sided lower back pain without right leg involvement, the evaluation revealed no relevant clinical findings. The patient underwent a functional capacity evaluation on 09/05/06 that revealed he was capable of NIOSH arm lifting 117 lbs, torso lifting of 120 lbs, leg lifting 140 lbs, floor lifting 100 lbs or more, and high-near lifting at greater than 120 lbs. A repeat FCE done on 10/02/06 revealed the patient could NIOSH floor lift an average of 145 lbs, leg lift greater than 135 lbs, torso lift from 28-92 lbs, and arm lift 88-93 lbs. The designated doctor noted that the patient actually exhibited a reduction in his functional capacity after being treated by the chiropractor. Further reduction in his functional capacity was reported in a 10/19/06 FCE.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG Guidelines

ODG Guidelines