

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 10, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening 4-23-2007 through 6-29-2007 -- 32 units of 97545 and 186 units of 97546

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

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)

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.

The reviewer finds that medical necessity exists for Work hardening 4-23-2007 through 6-29-2007 -- 32 units of 97545 and 186 units of 97546.

| Injury Date | Claim Number | Review Type | Begin Date | End Date | ICD-9/DSMV | HCPCS/NDC | Billing Modifiers | Service Units | Upheld/Overturned |
|-------------|--------------|-------------|------------|----------|------------|-----------|-------------------|---------------|-------------------|
| | | Retro | 4/23/07 | 6/29/07 | 72705 | 97545 | WH-CA | 32 | Overturned |
| | | Retro | 4/23/07 | 6/29/07 | 72705 | 97546 | WH-CA | 186 | Overturned |

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MD, 12/21/06

MD, 12/6/06, 12/20/06, 1/3/07, 1/5/07, 1/22/07, 2/7/07, 2/21/07, 2/28/07, 3/14/07, 3/15/07, 4/4/07, 4/18/07
MRI, 10/26/06
Functional Abilities Evaluation(s), 12/21/06, 4/6/07, 4/16/07
FCE, 6/14/07
PPE, 1/3/07, 4/30/07, 5/18/07, 5/31/07
4/18/07, 4/10/07, 1/8/07, 2/15/07, 2/20/07, 2/28/07, 5/23/07
CT, 10/31/06, 12/12/06, 12/20/06
DC, 1/3/07
Center, 1/5/07
Notice of Disputed Issue and Refusal to Pay Benefits, 1/29/07
Designated Doctor Exam, 2/5/07
Daily Therapy Program Notes
Work Hardening Treatment Plan, 4/18/07, 4/27/07
Psycho-Social Progress Notes, 4/23/07-6/8/07
NRDC Work Hardening Program Notes, 4/23/07-6/26/07
Mental Health Evaluation, 11/17/06
Request for Reconsideration, 3/4/08
Request for IRO, 4/23/08
Letters and Various Documents
Work Conditioning and Work Hardening FAQ from TDI
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury while unfolding a large dance platform. The injured employee was initially seen at Medical Center. He had an MRI, CT scan, and EMG/NCV. He underwent a psychological evaluation on 11-17-2006 which recommended work hardening. He has had several injections. Designated doctor on 2-05-2007 indicated that the injured employee had not reached MMI. The injured employee was placed in a work hardening program from 4-23-2007 through 6-29-2007. The injured employee completed the work hardening program and returned to his original job.

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

The reviewer finds that medical necessity exists for Work hardening 4-23-2007 through 6-29-2007 -- 32 units of 97545 and 186 units of 97546. It is noted that the facility performing the work hardening program is a CARF certified facility. In review of the documentation submitted, the injured employee meets the initial admission criteria for the first 2-weeks of work hardening, see Criteria for admission to a Work Hardening Program #1 through #5. The admission criteria should not exceed 2 weeks without demonstrated efficacy, subjective and objective gains, see Work Hardening ODG. The documentation, FCE, PPE, medical reports, daily SOAP / progress notes demonstrate efficacy needed for the additional 2-weeks of work hardening that were provided. The program timeline per ODG states the Work Hardening Programs should be completed in 4 weeks consecutively or less, see above #5 Criteria for admission to a Work Hardening Program.

Work hardening outside the ODG. See Q&A from Texas Department of Insurance: Work Hardening services provided outside of the ODG criteria and without obtaining preauthorization should be denied by the insurance carrier as "payment denied/reduced

for absence of precertification/authorization". Work Hardening services provided within the ODG guideline criteria but without obtaining preauthorization may be subject to retrospective review for medical necessity, and reimbursement may be denied based on lack of medical necessity. Additionally, preauthorization is required for any service, including Work Conditioning and Work Hardening programs, when the service is not specified as "recommended" by the ODG for a specific diagnosis, or when the service exceeds the number or duration listed in the ODG.

While the above treatment did exceed the number of recommended visits by the ODG, the documentation provided supports the additional treatment outside the standard guidelines.

ODG Admission Criteria: Work conditioning / work hardening

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| <p>Work conditioning, work hardening</p> | <p>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 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). (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.</p> <p>Criteria for admission to a Work Hardening Program:</p> |
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| | <p>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.</p> <p>2. A defined return to work goal agreed to by the employer & employee:</p> <ul style="list-style-type: none"> a. A documented specific job to return to with job demands that exceed abilities, OR b. Documented on-the-job training <p>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.</p> <p>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.</p> <p>5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.</p> <p>ODG Physical Therapy Guidelines – Work Conditioning 10 visits over 8 weeks</p> <p>See also Physical therapy for general PT guidelines.</p> |
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WORK CONDITIONING & WORK HARDENING, ODG AND PREAUTHORIZATION PROCESS Q&As

1. Prior to the adoption of the Division’s treatment guidelines [the Official Disability Guideline (ODG)], facilities accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) could request exemption from preauthorization for Work Conditioning and Work Hardening programs. Is this Division exemption still available for these programs?

Yes, facilities with CARF accreditation for Work Conditioning and Work Hardening programs may still request exemption from preauthorization. Facilities granted exemption status are listed on the Division website: Work Hardening and Work Conditioning Programs Exempted from Preauthorization and Concurrent Review (see: <http://www.tdi.state.tx.us/wc/mr/carf-table.html>).

2. Are there circumstances when the exempted CARF facilities are required to obtain preauthorization prior to rendering Work Conditioning and Work Hardening services?

Yes. Preauthorization is required for any service, including Work Conditioning and Work Hardening programs, when the service is not specified as “recommended” by the ODG for a specific diagnosis, or when the service exceeds the number or duration listed in the ODG.

3. When exempted CARF facilities do not obtain preauthorization prior to providing Work Conditioning or Work Hardening services within the ODG guideline criteria, can the services rendered be subject to retrospective medical necessity review by carriers?

Yes. Work conditioning and Work Hardening services provided within the ODG guideline criteria but without obtaining preauthorization may be subject to retrospective review for medical necessity, and reimbursement may be denied based on lack of medical necessity.

4. When exempted CARF facilities do not obtain preauthorization prior to providing Work Conditioning or Work Hardening services that are outside the ODG guideline criteria, should the services rendered be subject to retrospective medical necessity review by carriers?

No. Work Conditioning and Work Hardening services provided outside of the ODG criteria and without obtaining preauthorization should be denied by the insurance carrier as “payment denied/reduced for absence of precertification/authorization”.

5. Currently, the ODG Procedure Summary has a category called “Work Conditioning, Work Hardening”; however, when seeking the criteria for Work Conditioning within that category, the text cross references to the “Physical Therapy” category. Therefore, is Work Conditioning the same as Physical Therapy, and should Work Conditioning be limited in number and duration to any unused Physical Therapy sessions?

No, Work Conditioning should not be confused with Physical Therapy. For Division purposes, Work Conditioning programs are defined as General Occupational Rehabilitation Programs in the

CARF manual, and are designated with CPT Codes 97545 or 97546 and modifier "WC" when billing. Any previous Physical Therapy should not preclude approval, number of sessions, duration or reimbursement of a Work Conditioning program. However, the recommended number and duration of sessions for a Work Conditioning program should not exceed the recommended number and duration of sessions for Physical Therapy.

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 KNOWLEDGBASE
- 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)