



## REVIEWER'S REPORT

**DATE OF REVIEW:** 03/01/2008

**IRO CASE #:**

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

The URA has denied 20 sessions of work hardening.

**QUALIFICATIONS:**

Doctor of Chiropractic; Designated Doctor for TDI-DWC; Impairment Ratings, Certified; FCE/RTW Certified, IME/Peer Reviewer.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

- 1) Pre authorization request from Injury Centers for work hardening x 20 sessions date 01/28/2008.
- 2) Reports of DC dated 01/02/2008 and 01/28/2008.
- 3) Pre authorization request from Injury Centers for work hardening x 20 sessions date 01/04/2008.
- 4) Pre authorization request from Injury Centers for work hardening x 20 sessions date 01/02/2008.
- 5) FCE dated 12/24/2007.
- 6) Report of MD dated 03/19/2006.
- 7) CPMP records
- 8) Report of MD dated 11/06/2007.
- 9) Report of MD dated 10/02/2007.
- 10) Operative report dated 09/19/2007.

- 11) IRO request submitted by the provider dated 02/11/2008
- 12) 's notice of preauthorization denial and rationale dated 12/17/2007 and 12/19/2007.
- 13) Pharmacy records from the carrier 12/17/2007 and 12/19/2007.
- 14) Peer review report of MD dated 08/09/2007.
- 15) Psychological evaluation reports of MA QMHP that included initial and CPMP progress reports of 01/09/2007 and 04/18/2007.
- 16) Designated doctor examination report dated 05/29/2007.
- 17) Updated reports of MA QMHP, dated 01/25/2008.
- 18) Work status report of DC of unknown date.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The claimant is a female with occupational injury. The incident occurred while working as a . She had been reportedly employed by school district for 3 months prior to the incident. The injury reportedly occurred after the bus was hit by a truck. Reportedly, the claimant was evaluated, treated, and diagnosed at the ER with strains to the neck, back, and left knee. The claimant has received extensive intervention including physical therapy, injections, chiropractic, TENS, knee surgery in 2005, neck surgery in 2007, and 20 sessions of CPMP. She was declared MMI on 02/14/2007 by designated doctor examination.

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

WH is 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. In this case, it has not been documented that a modified RTW program is not available.

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). As such, 20 sessions of work hardening are not indicated. ([Lang, 2003](#)) 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.

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

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.
2. 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
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.
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.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

After thorough review of submitted documentation, it has been determined that the claimant fails inclusion criteria per items (2) and (4) above. Documentation has not established “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”; the claimant is nearly 3 years post injury.

In summary, previously denied preauthorization for work hardening x 20 is not medically necessary or supported by cited ODG treatment guidelines.

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

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- \_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)