

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: May 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of work hardening for right knee and right lower leg

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

M.D., Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and Orthopaedic Surgery

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)

Upon independent review the reviewer finds that the requested 10 sessions of work hardening for right knee and right lower leg is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 4/23/08, 5/2/08
ODG Guidelines and Treatment Guidelines
FCE 4/17/08
PT Discharge Note 4/2/08, 4/15/08
Subsequent Visit Notes 2/11/08-4/15/08
Hematology 2/10/08

CTA Thorax 2/10/08
Patient History 2/11/08
Initial Visit Nurse's Notes 2/11/08
Chest 2 Views 2/10/08
Hospital 1/29/08
Operative Report 1/29/08
Joint Petition 5/13/07
Work Status Report 4/15/08
Notification of WC Referral 4/15/08
PT Patient History 3/6/08, 3/20/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old man was injured on xx/xx/xx when a sheet of metal fell on his anterior right thigh. He was apparently in a coal mine in xxxx at the time. The injury was limited to the skin, but muscle was exposed. He subsequently had slow skin healing and incision and drainage from the area. He had no injury to his muscle or bone.

PT Woundcare Discharge Note from 4/2/2008 reports "significant impairments resolved" and "all functional limitations have been resolved". He underwent an FCE on April 17, 2008. He was found to be able to function at the medium Heavy Physical Demand Level. This apparently met his job requirements. However the therapists noted that he was not able to perform the position changes of kneeling and squatting for his job. They also did not feel he could function the 8-12 hours in his work day. Therapy Services reports on 4/15 that the "Patient is being discharged from Physical Therapy Services due to attendance compliance issues". There is a comment on 4/15 that he was not going to go to xxxx for his job. Testing showed anxiety and kinesiophobia, but no depression. The current request is for 10 sessions of work hardening for the right knee and the right lower leg.

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

Upon independent review of the provided medical records and ODG Guidelines, the reviewer finds that the requested 10 sessions of work hardening for right knee and right lower leg is not medically necessary.

The ODG reports that work hardening is designed to recreate the work simulation. It is recorded that he has received Physical Therapy and home instruction for exercise and treatment and not followed through with the therapeutic exercises that should have maximized strength and flexibility. The likelihood of success is also in question since Therapy Services reports on 4/15 that the "Patient is being discharged from Physical Therapy Services due to attendance compliance issues". And there is no documentation of a specific job to return to. His decision not to go to San Antonio implies that he may not have a job to return to.

The ODG description for work conditioning and work hardening for the lower extremity follows.

Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. ([Schonstein-Cochrane, 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. (CARF, 2006) (Washington, 2006)

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, 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.

ODG Physical Therapy Guidelines – Work Conditioning

12 visits over 8 weeks

See also [Physical therapy](#) for general PT guidelines

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)