

# Clear Resolutions Inc.

An Independent Review Organization  
7301 Ranch Rd 620 N, Suite 155-199  
Austin, TX 78726  
Fax: 512-519-7316

Notice of Independent Review Decision

**DATE OF REVIEW: OCTOBER 15, 2008**

**IRO CASE #:**

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

Retrospective Work Hardening, 12/10/07, 12/11/07, 12/12/07, 12/13/07, 12/14/07, 12/18/07, 12/19/07, 12/20/07, 12/21/07, 1/2/08, 1/3/08, 1/7/08, 1/8/08, 1/9/08, 1/10/08, 1/11/08

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management

**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 Retrospective Work Hardening, 12/10/07, 12/11/07, 12/12/07, 12/13/07, 12/14/07, 12/18/07, 12/19/07, 12/20/07, 12/21/07, 1/2/08, 1/3/08, 1/7/08, 1/8/08, 1/9/08, 1/10/08, 1/11/08.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This gentleman reportedly injured his back in xx/xxxx. He was lifting. He was diagnosed with a lumbar strain. His MRI reportedly showed disc desiccation at L3/4 and L5/S1 with a right sided disc herniation at L3/4. He had complaints of pain into all limbs and intermittent right sided numbness. He failed to improve after two epidural injections, facet injections, manipulation and therapy. He had an EMG that was reported as showing a possible right L5/S1 radiculopathy. He was noted to have some preexisting

psychological issues. He was determined to be at MMI in October 2007, but this was changed to November 2007. He subsequently changed treating physicians to Dr. Dr. saw him on 12/4/07 and prescribed a work hardening program. The program was apparently CARF certified and per DWC/TDI does not require preauthorization. This was retrospectively denied as not being medically necessary. The man had anxiety and depression. He had 3 positive Waddell signs initially. His initial FCE showed significant functional loss of strength. His final one (2/5), after treatment showed significant gains in strength, force, stamina, some pain reduction, and aerobic capabilities. He had improved motion on interval studies. The therapy/treatment notes for the dates in question were included. The program included therapeutic exercises, functional therapeutic activities, aerobic training, work simulation and a behavioral program, with improved biomechanics and neuromuscular training. The use of passive modalities were limited. In essence, he had 16 sessions of therapy, with a break for Christmas/New Years. The chart showed daily improvements in all measured criteria. There was no regression nor plateau, even with the 2 week Christmas break. The man returned to work.

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

The ODG recognizes the need for work hardening in certain patients. In this case, the program had CARF certification and Dr. noted the track record of outcomes. This man had prior treatments that were not successful. None apparently involved work hardening.

The ODG does list criteria for participation, and this patient met all of the criteria for admission. The work hardening program addressed physical and psychological issues. A question would be if the program should have been stopped or reassessed after 2 weeks as per Criteria 9 in the ODG. This man met the criteria for continuation of the work hardening program, as he was showing gains and improvement after the first two weeks. He was able to return to work when the program was completed.

Since returning to work is the goal of the work hardening program, and this man reached it within the time frame specified by the ODG, the reviewer finds that the program and the sessions in question are justified and medically necessary for treatment for the previously mentioned injury. The reviewer finds that medical necessity exists for Retrospective Work Hardening, 12/10/07, 12/11/07, 12/12/07, 12/13/07, 12/14/07, 12/18/07, 12/19/07, 12/20/07, 12/21/07, 1/2/08, 1/3/08, 1/7/08, 1/8/08, 1/9/08, 1/10/08, 1/11/08.

Work conditioning, work hardening

Recommended as an option, depending on the availability of quality programs. [NOTE: See specific body part chapters for detailed information on Work conditioning & work hardening.] See especially the [Low Back Chapter](#), for more information and references.

#### **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
- (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.

(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.

(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.

(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

#### **ODG Physical Therapy Guidelines – Work Conditioning**

10 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 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)