

C-IRO, Inc.
An Independent Review Organization
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Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening Program 5 x/ week x 6 weeks (30 Sessions)

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 does not exist for Work Hardening Program 5 x/ week x 6 weeks (30 Sessions).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 9/18/08, 10/1/08
DC, 9/10/08
SOAP Note, 9/19/08
LPC, 9/22/08
Rehab, 8/21/08
MD, 7/1/08, 5/30/08, 5/9/08, 4/1/08, 2/15/08, 1/22/08, 3/11/08
Prescriptions, 5/9/08, 2/15/08
Operative Reports, 5/2/08, 2/8/08
MRI Right Knee, 12/6/07
MD, 1/8/08

Patient Information, 11/21/07
ODG, Work Hardening, Work Conditioning

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a lady who was injured on xx/xx/xx. She apparently slipped and fell on a marble floor . She developed neck pain, wrist pain and bilateral knee pain. She subsequently underwent a right knee arthroscopic partial medial and lateral meniscectomy and tricompartmental chondroplasty on 2/8/08, and a left arthroscopic partial medial and lateral meniscectomy on 5/2/08. She had postoperative PT and was improving. She continued to have neck pain going to the left upper extremity. There were requests for a cervical/back MRI, but there was no report included in the records. The examination by Dr. in September described soft tissue pain in her upper back, plus left patellofemoral pain and a left knee brace. The reviewer could not determine what type of brace. There was no neurological loss. She reportedly also had right heel pain. An FCE performed 8/21/08 showed her ability to perform at a light physical demand level, but her job required light to medium level of work. A prior request for work hardening was denied, partially due to the lack of psychological issues. This evaluation was performed by LPC, on 9/22/08. It showed bear avoidance, problems with coping and moderate depression and anxiety based upon the Beck scores on each test.

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

This woman had bilateral bicompartamental meniscectomies and ongoing knee pain and upper back pain. The request is for 30 sessions of Work Hardening. The prior request was not approved due to the lack of the psychological issues now cited as being present. The ODG recognizes the need for work hardening in certain circumstances after traditional physical therapy. However, it is not clear from the material provided that this woman has a definite job to return to. FCE was based on the physical demands of her prior job. The ODG criteria cite that 4 weeks of consecutive treatment is the maximum that could be considered, but only after repeated assessments of progress after shorter intervals of 1-2 weeks. The 30 requested sessions exceeds these parameters. The reviewer finds that medical necessity does not exist for Work Hardening Program 5 x/ week x 6 weeks (30 Sessions).

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

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)