

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 17, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of work hardening times 160 hours.

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

MD, Board Certified Orthopedic Surgeon

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 times 160 hours.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Ergos Evaluation, 07/21/08
BAP-MSQS, 07/28/08
Peer review, 08/01/08
Office note, Dr. 08/22/08
Peer review, 08/26/08
Letter, Dr. 09/10/08
Specialist Group- 8/11/06

Prescription, Spine and Scoliosis Institute, 09/25/08
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male worker who must be able to perform heavy duty work to return to his job. Reportedly, the claimant has a job to return to. The claimant was status post xx/xx/xx left lumbar microdiskectomy at L2-3 and left lumbar hemilaminectomy and facetectomy at L4-5.

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

Review of the records provided supports the claimant underwent an ERGOS evaluation, and it revealed that the claimant was unable to meet his heavy job demand eight hours per day on 07/21/08.

A BAPMSQS Behavioral assessment was obtained on 07/28/08. It noted that the claimant has a perceived need for narcotic medications with additional medical diagnostic treatment for his back problem and perceives that he had received a minimal amount of improvement from all past medical treatment. He has moderate level of depression related to pain, fear of re-injury. No inconsistencies were noted. The claimant saw Dr. on 08/22/08, psychiatry, who recommended work hardening due to the cascade of physical and behavioral issues that flow from his work injury. He recommended 20 work hardening sessions.

Dr. wrote a letter on 09/10/08 noting the claimant had a job to return to upon completion of program, and his job required lifting 100 pounds. The claimant was motivated. Functional capacity evaluation showed he could not return to work without risk of sustaining re-injury.

Based on review of the records provided, evidence-based medicine and ODG guidelines, the patient meets the criteria for a work hardening program. The claimant has a work-related musculoskeletal condition with limitations precluding return to regular duty work. He has a job waiting for him and available for him upon completion of work hardening. He is motivated and saw psychiatric care for parameters negatively impacting his condition. There is no need for further surgical intervention. And he is physically healed to the level of which he can participate at least four hours a day for three to five times a week. It was felt he would benefit from the program.

However, this particular request exceeds the recommendation of 80 hours of work hardening as defined in the ODG, and therefore the reviewer cannot find the entire 160 hours of work hardening medically necessary. TDI rules state that the reviewer cannot partially overturn a workers compensation case. Therefore, the reviewer finds that medical necessity does not exist for work hardening times 160 hours.

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.

And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

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)