



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

DATE OF REVIEW: 4-29-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program 3-5 week x 4-5 weeks

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

American Board of Orthopaedic Surgery-Board Certified

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 8-16-07 MRI of the right brachial plexus.
- 8-18-07 MRI of the right shoulder.
- 7-10-08 MRI of the right shoulder.
- 8-22-08 MR arthrogram of the right shoulder.
- MD., office visits on 02-2-09 and 3-12-09.
- 3-18-09 Physical therapy assessment.
- 3-23-09 MD. performed a Utilization Review.
- 3-27-09 MD. performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

On 8-16-07, MRI of the right brachial plexus was grossly unremarkable.

On 8-18-07, MRI of the right shoulder shows a small full thickness tear of the rotator cuff of the right shoulder. Edema of the right acromioclavicular joint region can be contusion or inflammatory changes.

On 7-10-08, MRI of the right shoulder showed abnormal signal increased signal in the rotator cuff tendon could be from post-surgical changes of rotator cuff tear, although repeat full thickness tear of the rotator cuff tendon is also possible.

MR arthrogram of the right shoulder dated 8-22-08 showed small less than 50% partial thickness, articular-sided tear of the anterior fibers of the infraspinatus tendon with proximal intrasubstance extension. Mild supraspinatus tendinopathy. Moderate subacromial/sub deltoid bursitis.

On 2-2-09, the claimant was evaluated by Dr. The claimant had an injury to the left shoulder complete tear. She underwent left shoulder surgery and still has some pain involving especially the posterior right trapezius area. He has improved. The claimant was told about having repeated surgery, but at this time, the claimant wants to see if only physical therapy can be helpful. The claimant developed some cough symptoms and was provided with a diagnosis of bronchopneumonia and was placed on antibiotics. The claimant then also had some incident at home when he was trying to do some shoveling due to a broken pipe and developed increased pain in the right shoulder as well as the lumbar spine. The claimant was provided treatment in the form of trigger point injections to the lumbar area in conjunction with a TENS unit. These events delayed his physical therapy. The evaluator reported that as soon as he finishes physical therapy, he would be referred to work hardening program. On exam, the

claimant had some pain to the right shoulder, especially involving the posterior aspect of the trapezius and the shoulder blade area. His range of motion has improved. The claimant reported minimal pain over the lumbar area. The claimant had normal strength in the upper and lower extremities, sensory exam was normal. The evaluator recommended a second set of trigger point injections to the right shoulder at the trapezius side next week. Due to bronchopneumonia, physical therapy will be provided next week, and then he will be referred for a work hardening program

On 3-12-09, the claimant was evaluated by MD. The claimant had been followed due to a history of work related injury with tear of the right rotator cuff. He underwent surgery. The claimant had a setback when he was referred to physical therapy and now he is starting again physical therapy. He has noted some improvement. The claimant continues with the use of Lyrica and Lortab. The evaluator reported that at this time, the claimant is ready to start work hardening program. On exam, the claimant has some pain and limitation above the level, limitation to abduction to 110 degrees. There is normal external rotation and internal rotation of the shoulder. The claimant had normal strength in the upper and lower limbs. Diagnosis: Rotator cuff repair, stable, history of right ulnar nerve neuralgia, improving, decreased range of motion of the right shoulder. The evaluator recommended the claimant start with a work hardening program because the claimant initial physical therapy is starting to do too much activity that may injure his right shoulder. The claimant will continue using a TENS unit. The claimant was unable to return to work.

On 3-18-09, a Physical therapy assessment notes the recommendation for a work hardening program 3-5 x 4-6 weeks to include mobility, functioning and conditioning of the right upper extremity, education the claimant regarding appropriate posture, body mechanics and lifestyle changes to initial symptoms, Biofeedback to facilitate neuromuscular recruitment and re-education, therapeutic exercises.

On 3-23-09, MD. provided an adverse determination for the request of work hardening program. The evaluator noted that in this case there as clear indication for work conditioning but not as to the rationale for the full request for up to 30 sessions which markedly is in excess of the ODG recommendations. Further, there were no psychosocial issues documented to be addressed to indicate a need for work hardening rather than work conditioning. The evaluator reported that based on the medial data available there was insufficient indications for work hardening rather than work conditioning.

On 3-27-09, MD. provided a non-certification for the requested work hardening program. The evaluator performed a Peer to Peer with Dr. He noted that Dr. goal is to provide restoration of strength in the shoulder girdle musculature. The evaluator noted that this would be an appropriate goal for apt program post surgical treatment of the rotator cuff injury. Apparently, a repeat injury slowed the original physical therapy. Currently, additional physical therapy should be submitted, if that is the goal. The prior denial of this preauthorization request was appropriate and should be upheld.

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

BASED ON THE DOCUMENTATION PROVIDED, IT APPEARS THAT THE WORK HARDENING PROGRAM THAT IS BEING REQUESTED TO ADDRESS THE CLAIMANT'S WEAKNESS AND PAIN. WORK HARDENING IS A PROGRAM PROVIDED DEPENDING ON A CLAIMANT'S SPECIFIC JOB HE WILL BE RETURNING TO. THIS CLAIMANT HAS APPARENTLY NOT WORKED IN XX YEARS AND SPECIFICS AS TO WHAT TYPE OF JOB HE WILL BE RETURNING TO OR IF HE EVEN HAS A JOB AVAILABLE IS NOT PROVIDED. THE PROPOSED WORK HARDENING PROGRAM NOT ONLY EXCEEDS CURRENT TREATMENT GUIDELINES, BUT WILL NOT ADDRESS THE CLAIMANT'S DEFICITS OF WEAKNESS AND PAIN. AS SUCH, THE REQUESTED WORK HARDENING PROGRAM 3-5 X 4-5 IS NOT CERTIFIED.

ODG-TWC, last update 4-27-09 Occupational Disorders of the shoulder – work hardening/ work conditioning: 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) There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. (Karjalainen, 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) The need for work hardening is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective, and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands. As with all intensive rehab programs, measurable functional improvement should occur after initial use of WH. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit. (Schonstein-Cochrane, 2008)

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)