



DATE OF REVIEW: 2/9/09

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for Work hardening, with dates of service of 8/18/08, 8/19/08, 8/21/08, 8/22/08, 8/25/08, 8/26/08, 8/27/08, 8/28/08, 8/29/08, 9/2/08, 9/3/08, 9/4/08, 9/5/08, 0/8/08, 9/9/08, 9/11/08, 9/12/08, 9/15/08, 9/16/08, 9/17/08.

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

Texas licensed 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 previously denied request for Work hardening, with dates of service of 8/18/08, 8/19/08, 8/21/08, 8/22/08, 8/25/08, 8/26/08, 8/27/08, 8/28/08, 8/29/08, 9/2/08, 9/3/08, 9/4/08, 9/5/08, 0/8/08, 9/9/08, 9/11/08, 9/12/08, 9/15/08, 9/16/08, 9/17/08.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Texas Department of Insurance Fax Cover Sheet dated 1/29/08.
- Notice to CompPartners, Inc. of Case Assignment dated 1/29/09.
- Case Information Note dated 1/29/09.

- Texas Department of Insurance IRO Request form dated 1/28/09.
- Call Log dated 1/27/09, 1/26/09, 1/23/09, 1/22/09, 1/21/09, 1/20/09, 1/19/09, 1/16/09, 1/15/09.
- Request Form/Request for a Review by an independent Review Organization dated 1/7/09.
- Explanation of Payment Sheet dated 9/16/08, 9/15/08, 9/12/08, 9/11/08, 9/9/08, 9/8/08, 9/5/08, 9/4/08, 9/3/08, 9/2/08, 8/29/08, 8/28/08, 8/27/08, 8/26/08, 8/25/08, 8/22/08, 8/21/08, 8/19/08, 8/18/08.
- Process Educational Note dated 9/17/08, 9/2/08.
- Work Hardening/Chronic Pain/work Conditioning Daily Note dated 9/17/08, 9/12/08, 9/8/08, 9/5/08, 9/4/08, 9/2/08, 8/19/08
- Psychoeducational Group Note dated 9/4/08, 9/2/08.
- Psychotherapeutic Group Note dated 9/12/08, 9/8/08.
- Chronic Pain Management Group Note dated 9/5/08.
- Health Insurance Claim Form (7) dated 3/13/08.
- Musculoskeletal System and Connective Tissue Article (unspecified date).
- Network Certification Description (unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years

Gender: xxxxxx

Date of Injury: xx-xx-xx

Mechanism of Injury: Not provided.

Diagnosis: Lumbar disc displacement, shoulder sprain/strain, lateral epicondylitis.

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

This xx-year-old male claimant reportedly has attended twenty session of work hardening for chronic pain. There were no physician records provided for review to determine the claimant's diagnosis, mechanism of injury, examination findings or clinical status, to include care rendered prior to attending the work hardening program. The request is to determine the medical necessity of 20 sessions of work hardening for this xx-year-old male who apparently sustained an injury to his back in xx/xx/xx. The evidence based literature suggests that individuals can be considered reasonable candidates for work hardening if they are able to benefit from a program and are deemed not to be a surgical candidate and that their physical recovery had been such that a progressive rehabilitation program with a minimum of four hours participation a day for three to five days a week would be indicated. In general, the treatment is not supported for longer than one to two weeks unless there is evidence of compliance and significant gains as documented objectively. Specifically, the ODG regarding work hardening, states: "(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.”
Unfortunately, the records provided insufficient detail to suggest that work hardening was indicated, or would ever have been indicated for more than one to two weeks, i.e. five to ten visits. In particular, the notes provided document psycho-educational group therapy, but did not truly describe the nature of the work hardening program and purported benefits that this claimant may be deriving. As such, based on the information provided, there was no indication that the work hardening was necessary beyond the original five to ten sessions and may not have been indicated and/or recommended as reasonable and medically necessary to begin with.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Official Disability Guidelines (ODG), Treatment Index, 6th Edition (web), 2008, Low back—
Work hardening/conditioning.

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).