



IRO# 5356
5068 West Plano Parkway Suite 122
Plano, Texas 75093
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Notice of Independent Review Decision

DATE OF REVIEW: 01/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

(97545-97546 WH) Work Hardening Program x 10 days/sessions

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Trauma, Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
(97545-97546 WH) Work Hardening Program x 10 days/sessions	97545, 97546		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Diagnostic Test		4	06/10/2008	06/10/2008
2	Employee Job Description		2	09/05/2008	11/25/2008
3	Fax Confirmation		8	11/26/2008	01/08/2009
4	FCE Report		13	11/12/2008	11/12/2008
5	IRO Assignment		4	01/07/2009	01/07/2009
6	Office Visit Report		1	06/03/2008	06/03/2008
7	Office Visit Report		5	10/27/2008	10/27/2008

8	Initial Request	Shorman Solutions	20	01/06/2008	12/23/2008
9	IRO Request		5	01/06/2009	01/06/2009
10	Appeal Approval Letter		11	11/26/2008	12/19/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old female with complaints of pain in her left upper extremity. The symptoms are attributed to insidious over use with a date of injury given as xx/xx/xx. She has been treated with activity modification, medications, physical therapy and splinting. Symptoms persist. A recent EMG/NCV study has suggested mild carpal tunnel syndrome. The patient's job requires sedentary level of activity. A recent functional capacity examination revealed that the patient is capable of less than sedentary level of activity. Work hardening has been requested. The initial request was denied. An appeal for reconsideration resulted in a second denial and an independent review has been requested.

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

The basic principle of the work hardening program is the restoration of the capacity to perform work that cannot be performed because of "deconditioning" or other loss of job functions. This patient reports symptoms that appear to be the problem in preventing her from achieving work at the sedentary level. Even if a work hardening program was completed, the persistence of symptoms would prevent her from returning to the work activities required. It does not appear that the patient is being prevented from returning to previous levels of work activity by "deconditioning". Utilizing the criteria for inclusion in a work hardening program as published in the ODG, 2009, forearm, wrist and hand chapter, leads one to the conclusion that this patient does not meet these criteria adequately to recommend inclusion in such a program. The prior denials were appropriate and should be upheld.

<p>Work conditioning, work hardening</p>	<p>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)</p> <p>Criteria for admission to a Work Hardening Program:</p> <p>(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).</p> <p>(2) After treatment with an adequate trial of physical or occupational therapy with</p>
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	<p>improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.</p> <p>(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.</p> <p>(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.</p> <p>(5) A defined return to work goal agreed to by the employer & employee:</p> <p>(a) A documented specific job to return to with job demands that exceed abilities, OR</p> <p>(b) Documented on-the-job training</p> <p>(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.</p> <p>(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.</p> <p>(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.</p> <p>(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.</p> <p>(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.</p> <p>ODG Physical Therapy Guidelines – Work Conditioning</p> <p>12 visits over 8 weeks</p> <p>See also Physical therapy for general PT guidelines.</p>
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG: forearm wrist and hand chapter

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 01/27/2009.