



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 01/02/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 hours of work hardening sessions between 11/24/08 and 01/08/09.

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

American Board of Chiropractic Medicine

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

- 09/09/08 MRI of the right shoulder
- 09/18/08, , MD., office visit.
- 11/03/08, an initial interview performed by , MA, LPC
- 11/19/08, a Physical Performance Evaluation.
- 11/26/08 , DC., performed a Utilization Review.
- 12/01/08, , DC., submitted a pre-authorization letter.
- 12/12/08, , DC., provided a letter.
- 12/16/08 , DC., performed an appeal Utilization Review.
- 12/18/08 , MA, LPC., progress summary.

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the right shoulder dated 09/09/08 reveals a near-complete/complete thickness rotator cuff tear at the anterior insertion of the supraspinatus tendon. Accessory possible at the acromion present. There is a tiny ganglion cyst/synovial cyst present.

On 09/18/08, , MD., performed an orthopedic evaluation. The claimant complained of right shoulder pain. His treatment has included NSAIDs, which relieves his pain. The claimant also reports radiating pain and weakness. His range of motion is stiff. The evaluator recommended right shoulder arthroscopy with subacromial decompression and arthroscopic rotator cuff repair.

On 11/03/08, an initial interview performed by , MA, LPC, reflects the claimant was referred for initial interview by his treating doctor who requested input regarding treatment planning, in particular whether referral for mental health treatment would be appropriate at this time. This included an interview with the patient to assist the doctor in treatment planning, in particular, to determine whether or not the patient is experiencing depression or anxiety or other mental health symptoms related to the injury and if utilizing medications, to determine whether or not the patient understands the purpose of and appropriate use of medications, and a mini-mental status examination. The

information gathered for this interview was provided by the claimant, the referring physician, and medical records. The claimant was provided with a mental status examination, Beck Depression Inventory II and screener and opioid assessment. The evaluator recommended that the claimant's treating physician continue with medical lines of treatment and assist the patient with his recovery. The claimant should participate in a work hardening program in order to better facilitate his reconditioning and return to work. He should be re-evaluated for chronic pain, depression, anxiety, and psychosocial functioning in six months if he continues to have difficulty or he develops new symptoms of emotional difficulty.

On 11/19/08, a Physical Performance Evaluation reflected the claimant demonstrated the ability to safely and dependably perform at a Heavy physical demand level but not at the required weight to be lifted, which fails to meet the minimum job requirement.

On 11/21/08, , DC., reported the claimant was referred for a structured work hardening program. The claimant underwent an entrance Functional Capacity Evaluation on 10/30/2008, which revealed his ability to perform at a "Medium physical demand level". The claimant completed 10 sessions of work hardening with perfect attendance. Subsequently a physical performance evaluation dated 11/19/2008 was performed revealing significant improvement to a Heavy physical demand level. This evaluation confirmed that the claimant continues to demonstrate a functional performance deficit particularly with overhead lifting and handling as well as fair cardiovascular conditioning, which fails him to return back as a ' '. The evaluator reported the claimant suffered Injuries to his right shoulder when he was strapping down a second level vehicle on a transporter. The claimant has undergone a MRI and an orthopedic consultation, and was recommended for possible surgery. The claimant has voiced he does not want to undergo surgery and remains very frustrated with prior recommendations, considering his noted improvement. The treating doctor has performed 12 sessions of active care with the claimant demonstrating significant improvement with AROM and strength. Dr. has recommended work hardening at this time to improve the functional strength and endurance deficits remaining to allow a successful return to work. The claimant has a job available to him as a ' arid it has been stated by the employer there is nothing available for the claimant under a "heavy" physical demand level classification at this time with requirement for heavy handling, lifting and strapping down of vehicles on the transport trailer. The claimant has demonstrated significant improvement with ten sessions of work hardening although barer to return to work at full duty still exists. Medical necessity has been established for continuing the initiated work hardening program according to the Official Disability Guidelines and as ordered by Dr. , in order to increase PDL level to the required return to work levels. Dr. and the claimant have confirmed with the employer that his job is available to him. The claimant's past medical history consist of prescription medication, active physical rehabilitation, physical medicine modalities. The evaluator requested 10 final work hardening sessions.

On 11/26/08 , DC., performed a Utilization Review. It was his opinion that the 80 hours of work hardening sessions are not medically recommended. The evaluator noted the claimant began the work hardening program at a medium physical demand level. The

claimant has achieved his job required PDL of heavy. Therefore, the necessity for 10 additional sessions of work hardening was not established.

On 12/01/08, Dr. submitted a pre-authorization letter. The evaluator reported he received and reviewed the denial as dictated by Dr. During the peer-to-peer conversation it was distinctly pointed out to Dr. on the job description provided by the employer that an occasional lift of 100 lbs. and a frequent lift of 50 lbs was listed on page four. Dr. agreed to the job requirements and verbally approved the request noting significant improvement on the claimant's behalf. After receiving the denial from Dr. , the evaluator called the reviewer to discuss what was supposed to be an approval, Dr. basically stated that during the peer review he was instructed by the carrier not to disclose reason for denial and also stated that he did not receive all of the documents faxed over, despite the fact that we had specifically discussed the issue of the physical job task requirements during the peer review and that he agreed that he saw it on the fourth page. Dr. ended the conversation after the evaluator reminded him that the conversation was being recorded.

On 12/12/08, , DC., provided a letter. He noted the claimant's attendance record is excellent: 11/10, 11/11, 11/12, 11/13, 11/14, 11/17, 11/18, 11/19, 11/20, 11/21, eight hours per day. The claimant is currently prescribed Naprosyn 500 mg 1 tablet twice a day successfully weaned off Hydrocodone with decreased pain levels. A specific job description exceeding the claimant's current ability, provided by the claimant's supervisor was supplied with the submittal package. The pre work hardening FCE is attached as requested as well as the orthopedic consult.

On 12/16/08 , DC., performed an appeal Utilization Review. It was his opinion that requested appeal for 80 hours of work hardening sessions is not medically necessary. The evaluator reported that the submitted and faxed documentation was insufficient to qualify for trial of work hardening, let along additional 10 sessions (80 hours.)

On 12/18/08, a progress summary provided by , MA, LPC reflects that after completion of approved group therapy sessions through the work hardening program, the evaluator recommended that the claimant's treating physician continue with medical lines or treatment and assist the patient with his recovery, through a complete work hardening program. The claimant should participate in additional sessions of the work hardening program in order to better facilitate his reconditioning and successful return to work; along with solidifying his recently learned coping skills and techniques towards managing both the physical pain and the emotional distress. The evaluator reported that there is a strong indication that the claimant is experiencing pain that is creating interference in his life. It appears as though he is having long-term adjustment problems of depression and anxiety, which are secondary to his work-related injury. The following diagnosis is based on the information reported by the claimant and this clinician's observation during the face-to-face interview, and various sessions of group therapy throughout his work hardening program: AXIS I: Adjustment disorder with mixed anxiety and depressed moods. AXIS II: Deferred. AXIS III: 718.91, AXIS IV: Chronic

pain associated with right shoulder, loss of job, financial struggles, multiple social losses, and problems with family. AXIS V: GAF = 65.

Job description: A under the leadership of the will support the process to satisfy new and current customer demands for vehicles by providing the vehicles to dealers and customers that meet their demands. A will 1) load assigned vehicles safely onto to a transport rig. 2) Transport the new and vehicles damage free to designated dealerships, end 3) comply with all Federal, State, and coat regulations pertaining to the trucking operation. Driver will act as an ambassador for the Group and when performing these tasks.

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

MEDICAL RECORDS REFLECT A CLAIMANT WITH RIGHT SHOULDER PAIN WITH DIAGNOSTIC EVIDENCE OF A NEAR COMPLETE THICKNESS SUPRASPINATUS TEAR. THE CLAIMANT HAS BEEN TREATED CONSERVATIVELY WITH MEDICATIONS, PHYSICAL THERAPY AND A COURSE OF 10 SESSIONS OF WORK HARDENING. THE CLAIMANT HAS DECLINED SURGERY. MEDICAL RECORDS REFLECT THE CLAIMANT IS CURRENTLY FUNCTIONING AT A HEAVY PDL AND ADDITIONAL 10 SESSIONS WORK HARDENING IS BEING REQUESTED. ACCORDING TO ODG-TWC, UPON COMPLETION OF A REHABILITATION PROGRAM, NEITHER RE-ENROLLMENT NOR REPETITION OF THE SAME OF SIMILAR REHABILITATION PROGRAM IS MEDICALLY WARRANTED FOR THE SAME CONDITION OR INJURY. BASED ON THE MEDICAL RECORDS PROVIDED, THERE IS NOT SUFFICIENT BASIS TO CERTIFY AN ADDITIONAL 10 SESSIONS OF WORK HARDENING PROGRAM. THIS CLAIMANT HAS SUCCESSFULLY COMPLETED THE RECOMMENDED PROGRAM, PER CURRENT TREATMENT GUIDELINES AND IS FUNCTIONING WITHIN THE LIMITATIONS FOR HIS JOB DUTIES.

ODG-TWC, last update 12/20/08 Occupational Disorders of the shoulder – work hardening:

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

See also Physical therapy for general PT guidelines

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)