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Notice of Independent Review Decision

DATE OF REVIEW: 07/31/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Work hardening 5 x wk x 4 wks 160 hrs - 97545, 97546

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

Texas Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Designated Doctor Evaluations, multiple, 10/26/06 thru 08/01/07
2. Office notes from , , D.C., 02/09//07
3. Office notes from , M.D., 10/24/08 thru 06/16/09
4. Therapy reports from , , 12/03/08 thru 06/09/09
5. Operative report, 11/12/08
6. , 04/24/09 – 05/21/09
7. Functional Capacity Evaluation, 06/09/09
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

On 10/26/06, a Designated Doctor Evaluation occurred for the employee by Dr. . At that time, the employee was not at Maximum Medical Improvement (MMI). She had diffuse tenderness more medially than laterally. Her knee was stable with negative Lachman's to anterior drawer. Cervical lumbar area should be treated with home exercise program. Coming from a clinical standpoint, narcotic analgesics were not

warranted. MRI imaging of the right knee was recommended to rule out further pathology. Date of injury was listed as xx/xx/xx.

On 02/08/07, the employee was evaluated by x, D.C. Dr. noted that the employee was originally injured when she was hit by a forklift on xx/xx/xx. Since that time, she had received extensive therapy and chiropractic care. She had received six injections into her neck which had provided temporary relief. The employee complained of total body aches and pains.

On 8/01/07, a Designated Doctor Evaluation was performed by , M.D., of the . The examination on that day revealed diffuse tenderness in neck, trapezius, upper back, and lower back to light touch. The employee cried out in pain even with light touch. Lhermitte's sign was positive. Spurling's test was positive bilaterally but was limited because of cooperation and pain. There was normal motor testing in deltoids and intrinsic in both upper extremities. There was normal strength in volume in both lower extremities and muscle groups noted. Slightly decreased right bicep reflex compared to the left. Triceps reflex was equal. Patellar and Achilles tendon reflexes were absent. There was decreased sensation in pinprick involving all the dermatomes in left lower extremity, and decreased sensation to light touch and pinprick involving the left medial and later forearm and the dorsum of the left hand. There was no atrophy to lower extremities. Supine straight leg raise on the left of 80 degrees caused significant pain. There was questionable positive Lasegue's on the left. Plantar flexion was negative. The impression was neck and low back pain without definite radiculopathy despite the EMG studies with possible sensory pain disorder. The plan was noted was tendency toward catastrophe and extreme response to even gentle palpation. The employee had multiple positive Waddell signs. The employee had undergone extensive treatment despite improvement. There was a recommendation for cervical rhizotomy and cervical injections; however, given the personality make up that day, there was a poor prognosis for any improvement. It was felt the employee may benefit from a psychologically based pain management program. The employee was considered to be at MMI as of that date, and was assigned a 5% whole person impairment rating.

On 10/24/08, , M.D., evaluated the employee. At that time, the impression was the employee had suffered an injury to the leg bilaterally, posterior neck, and lumbar back. The employee was to continue Flexeril, Lortab, and Naprosyn.

On 11/12/08, the employee underwent a right sacroiliac joint injection by , M.D.

On 12/03/08, the employee was noted to have undergone conservative care and e-stem therapy at . These therapies accrued for a total of nine visits through the 03/13/09. The employee also continued care with Dr. throughout this timeframe with no change in plan.

Care continued in this fashion through 05/19/09. The employee continued to see Dr. for medication management and continued to undergo treatments at

Current **Official Disability Guidelines** criteria for work hardening include guidelines as follow:

1. Work related muscle skeletal condition with functional limitations including the ability to safely achieve current job demands, with a median or higher demand level i.e. not clerical or sedentary work. An FCA may be required showing consistent results of maximum effort, and demonstrating capabilities below an employer-verified physical demand analysis.
2. After treatment with an adequate trial physical or occupational therapy with improvement followed by the plate, but not likely to benefit from continued physical or occupational therapy, until conditioning.
3. Not a candidate where surgery or other treatment would clearly be warranted to improve function.
4. Physical medical recovery sufficient to allow progressive reactivation or participation for a minimum of 4 hours a day of 3-5 days a week.
5. A defined return to work goal agreed by the employer and employee:
 - a) A documented specific job that does not exceed abilities or
 - b) Documented on the job training or
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 screen process includes file review, interview and testing to determine likelihood of success in the program
7. Worker must be no more than 2 year past date of injury. Workers who have not returned to work by 2 years post injury may not benefit.
8. Program timelines: more program timelines should be completed in 4 weeks consecutively or less.
9. Treatment does not support longer than 1-2 weeks without evidence of patient compliance and demonstrates significant gains as documented by subjective and objective gains measurable improvement of functional ability
10. Upon placement in a rehabilitation program neither reenrollment nor repetition of the same or similar rehabilitation program is medically warranted for the same position or injury.

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

Based upon the current evidence that this employee suffers from significant psychosocial stressors, as well as evidence of significant symptom magnification in multiple positive Waddell signs on the recent Designated Doctor Evaluation, the determination is to uphold the denial for 160 hours of work hardening.

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

ODG Low Back Chapter

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.