

SENT VIA EMAIL OR FAX ON
Jun/01/2009

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW:

Jun/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 10/7/08 thru 10/23/08

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

Chiropractor

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

PBI 11/21/08

Rehab 2112 9/9/08 thru 2/23/09

Diagnostic Imaging 8/22/08

Diagnostics 8/19/08

FCE 9/5/08, 10/1/08, 10/27/08

Dr. 9/8/08

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was unloading a pipe. The injured employee was referred to the company doctor where he was prescribed medication, given an injection and placed off work. The injured employee has undergone injections, MRI, EMG/NCV, FCE, medication, and physical therapy. The injured employee entered into a work hardening program on 9-09-2008 for 30 sessions with initial, interim FCE, and completion FCE. Billing retrospective review indicated that 20 sessions would be considered and were recommended as necessary. The

injured employee continued work hardening to complete a total of 30 sessions. After completion the injured employee was recommended to DARS.

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

This review is not about the ODG Admission Criteria for a Work conditioning / work hardening program, but about the support to justify going beyond the ODG. The ODG is used with supporting documentation, and evidenced based practice.

In this case a FCE was performed at the 15th day, which according to the ODG should have been performed at 2 weeks (10th day). A retrospective bill review was performed and approved up to a max of 20-sessions as per ODG. FCE at the 15th day supported continuation of the program. ODG recommends below (#8) "Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less", which translates to a max of 20 sessions. Interim FCE placed the injured worker at a PDL of Medium and the Final FCE at 30 day indicated the same.

Documentation review indicated that on visit #11 the injured employee had met all goals except 1, which was to decrease pain level to a 5/10. On visit #19 the injured employee had met all goals except 1, which was to decrease pain level to a 5/10. However, on visit #15 the injured employee had met this goal. The injured employee gained a 20-pound increase from the initial FCE to the interim FCE (1st 15-sessions), the medical probability that the injured employee would gain 50 pounds is unlikely (2nd 15-sessions).

ODG recommends that Work Hardening should use real or stimulated work tasks and #5 below indicates that "A defined returned to work goal agreed to by the employer & employee", therefore, it is questionable if the injured employee even has a job to return to. Work Hardening should be work simulation and not just therapeutic exercise.

Documentation reviewed does not support going outside the recommended guidelines of 20 sessions. As noted prior the timeline for completion of a Work Hardening Program is 4-weeks. FCE and medical documentation do not support the need for the additional 10 sessions beyond the recommended guidelines.

Work conditioning, work hardening Recommended as an option, depending on the availability of quality programs. Physical conditioning programs that include a cognitive-behavioural approach plus intensive physical training (specific to the job or not) that includes aerobic capacity, muscle strength and endurance, and coordination; are in some way work-related; and are given and supervised by a physical therapy provider or a multidisciplinary team, seem to be effective in reducing the number of sick days for some workers with chronic back pain, when compared to usual care. However, there is no evidence of their efficacy for acute back pain. These programs should only be utilized for select patients with substantially lower capabilities than their job requires. The best way to get an injured worker back to work is with a modified duty RTW program (see ODG Capabilities & Activity Modifications for Restricted Work), rather than a work conditioning program, but when an employer cannot provide this, a work conditioning program specific to the work goal may be helpful. (Schonstein-Cochrane, 2003) Multidisciplinary biopsychosocial rehabilitation has been shown in controlled studies to improve pain and function in patients with chronic back pain. However, specialized back pain rehabilitation centers are rare and only a few patients can participate in this therapy. It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, treatment should not exceed 2 weeks without demonstrated efficacy (subjective and objective gains). (Lang, 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. Work conditioning and work hardening are not intended for sequential use. They may be considered in the subacute stage when it appears that exercise therapy alone is not working and a biopsychosocial approach may be needed, but single discipline programs like work conditioning may be less likely to be effective than work hardening or interdisciplinary programs. (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) Use of Functional Capacity Evaluations (FCE's) to evaluate return-to-work may show mixed results. See the Fitness For Duty 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, O

(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

10 visits over 8 week

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.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)