



IRO#
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Plano, Texas 75093
Phone: (972) 931-5100
DATE OF REVIEW: 06/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program 5 x week x 2 weeks (10 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 DC, specializing in Chiropractic. The physician advisor has the following additional qualifications, if applicable:

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
Work hardening program 5 x week x 2 weeks (10 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	Office Visit Report		4	04/23/2009	04/23/2009
2	Office Visit Report	Injury Center	3	04/16/2009	04/16/2009
3	Diagnostic Test	MRI & Diagnostic Imaging	2	03/27/2009	03/27/2009
4	Diagnostic Test	Diagnostics	2	03/31/2009	03/31/2009
5	Activity Notes	Services	5	05/14/2009	05/26/2009
6	FCE Report	Impairment & Functional Assessment Testing	9	05/07/2009	05/07/2009
7	IRO Request	Texas Department of Insurance	9	05/29/2009	05/29/2009
8	Job Description		8	04/21/2009	04/21/2009
9	UR Initial and Appeal Request	Injury Center	15	05/12/2009	05/18/2009

10	Initial and Appeal Denial Letter		5	05/18/2009	05/26/2009
11	Provider Complaint Form	TDI	9	05/29/2009	05/29/2009

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the submitted data this claimant is a male who injured his neck, left shoulder, lower back and both knees while at work on xx-xx-xx. He sought care with Dr. (chiropractic physician) who examined him and began treatment with manipulation and physical therapy. After several sessions of treatment the claimant did not respond, Dr. ordered an MRI of the cervical spine. On 03-27-09, an MRI of the cervical spine indicated many pre-existing findings of lateral recess stenosis and degenerative changes and a possible 3mm disc protrusion at C6/C7 to the left. On 03-31-09, an EMG/NCV of the upper extremities was performed with findings consistent with bilateral CTS, and a left C7 radiculopathy. After completing 12-15 sessions of treatment with Dr. the claimant was referred to Dr. (chiropractic physician) for work hardening. On 04-16-09, Dr. examined him and recommended 10 sessions of work hardening with a referral to Mr./Ms. (MA, LPC) for a psychological interview. On 04-23-09, Mr./Ms. also recommended work hardening to address his psychological conditions. On 05-07-09, the claimant completed a functional capacity evaluation (FCE) which indicated this claimant was at a light PDL and his occupational PDL was reported as heavy. Now Dr. is requesting 10 sessions of work hardening.

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

According to the cited guidelines below, work hardening has several criteria that is needed to be met prior to beginning this type of multidisciplinary program. Although, this claimant has met the requirements of not meeting his occupational PDL and a short trial of physical therapy, the claimant does not meet the other requirements of not a candidate for surgery or other treatments would clearly be warranted to improve function, physical recovery sufficient to allow progressive reactivation and participation for a minimum of 4 hours a day and a defined return to work goal agreed by the employer and employee. Therefore, the request for 10 sessions of work hardening is not considered medically necessary, reasonable nor supported by the cited guidelines noted below.

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

ODG:

neck and upper back, procedure summary, 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. See the [Low Back Chapter](#) for more details and references. There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. There is no evidence that work hardening for neck pain (reproduction of the work environment) is more effective than a generic strengthening program. The key factor in any program is the objective measurement of improving functional performance with base line and follow-up testing. ([Karjalainen, 2003](#)) 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](#)) Work Conditioning should restore the injured worker'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.

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.