

# Clear Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/09/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work Conditioning 5x/week x 2 weeks (97545, 97546)

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

M.D., Board Certified Orthopedic Surgeon

**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**

ODG Guidelines and Treatment Guidelines

FCE, , 01/30/09

Prescription, 02/02/09

Peer review, Dr. , 02/02/09

Peer review, Dr. , 02/13/09

Letter of Appeal/Reconsideration, , 02/13/09

**PATIENT CLINICAL HISTORY SUMMARY**

This xx year sustained a injury on xx/xx/xx when she slipped on a wet floor. The claimant underwent conservative management that included off work, x-rays, pain medications, anti-inflammatories and physical therapy. The claimant returned to work part time on 12/10/08 but continued to complain of severe pain in her low back and hips with difficulty performing most daily activities. Documentation revealed a light physical demand level (PDL) for the claimant's position as a school principal. A functional capacity evaluation performed on 01/30/09 revealed the claimant currently demonstrated a sedentary PDL above the waist and no ability to sedentary PDL below the waist. The claimant was given restrictions that included no ability for lifting and squatting, 5 pounds with carrying and overhead activities and 10 pounds for pushing or pulling. A work conditioning program was requested.

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

The ODG guidelines regarding work hardening very clearly outline that these are not treatment regimens for clerical workers or sedentary workers, but rather they are to help people safely achieve job demands in the medium level or higher. This person's profession as a would not render her an appropriate candidate for the work hardening program. The records do not indicate that her full time, full duty job is in the medium or higher demand level. ODG guidelines for Work conditioning, work hardening are not met in this case. The reviewer finds that medical necessity does not exist for Work Conditioning 5x/week x 2 weeks (97545, 97546).

### 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,
  - 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

**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)