



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 3-13-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of work conditioning

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

Doctor in 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

- 10-17-08, MD., performed a Designated Doctor Evaluation.
- 11-10-08, DC., office visit.
- 11-11-08 Physical Performance Evaluation.
- 11-24-08 MD., performed a Peer Review.
- 12-9-08, EdD., psychologist, office visit.
- 12-16-08 Pre-certification request by DC.,
- 12-23-08 MD., performed a Utilization Review.
- 1-8-09 DC., provided a request for an appeal.
- 1-23-09 DC., provided an Adverse Determination

PATIENT CLINICAL HISTORY [SUMMARY]:

On 10-17-08 MD., performed a Designated Doctor Evaluation. He certified the claimant had reached MMI on this date and awarded the claimant 11% whole person impairment based on range of motion loss of all digits in the right hand.

On 11-10-08, the claimant was evaluated by, DC. The claimant was injured on xx/xx/xx. On this date, he was standing on a stool when he lost his balance, fell and struck a light fixture with his right hand, lacerating a tendon and fracturing his wrist. The claimant was treated and received surgery to repair his lacerated flexor tendon and right wrist fracture. The claimant had xxx of post op rehab. He has been off work since the accident. The claimant was evaluated by Dr, on 11-10-08 and a functional testing was

performed to determine current work status. The claimant has significant deficits and signs of deconditioning and has been referred to return to a work program. The evaluator reported the claimant should return to a work program to address his current deficits and full recovery.

On 11-11-08, a Physical Performance Evaluation was performed. The claimant's range of motion is within normal range in all planes of movement of the right wrist. Muscle testing shows a slight strength deficit in the right wrist when compared to the left. The claimant is right hand dominant and has a grip strength deficit on the right side. There is a 27% difference in grip strength in between the left and right side. He is able to performed lifting activities but with a reported pain increase in the right hand. Based on the results of today, the claimant should be referred for a return work program to correct the deficits observed today and facilitate a safe return to work.

On 11-24-08, MD., performed a Peer Review. It was his opinion that the claimant's diagnosis is status post-complex laceration right wrist with laceration of median nerve, ulnar nerve, radial artery, ulnar artery and all flexors to his wrist and fingers to the right hand. The claimant was found to be at MMI by a Designated Doctor Evaluation and was recently returned to work by his treating doctor. The evaluator felt the claimant's length and frequency of treatment had been appropriate. The evaluator reported that the continued use of Ibuprofen was reasonable if effective. The evaluator reported the claimant had plateaued in formal physical therapy. He has attended work hardening. There is no chiropractic therapy required or the use of muscle stimulators or TENS unit. The evaluator reported the claimant may require additional EMG/NCS as well as other diagnostics. The evaluator felt the claimant should return to work with restrictions.

On 12-9-08, the claimant was evaluated by EdD., psychologist to determine the claimant's appropriateness of a work hardening program. A mental examination was performed as well as Beck Depression Inventory, Beck Anxiety Inventory and McGill Pain Questionnaire. Diagnosis: AXIS I: Chronic pain disorder associated with both psychological features and general medical condition. AXIS II: No diagnosis. AXIS III: None provided. AXIS IV: Educational problems, occupational problems. AXIS V: GAF 58 (current, highest past year (70), prior to injury (82). The evaluator concluded that the claimant prognosis for returning to work is good. The prognosis for participating/benefiting from the program is good.

On 12-16-08 Pre-certification request by DC., for work conditioning, 8 units per session, 6 hours per day for 10 days.

On 12-23-08 MD., provided a non-authorization for the request of 10 sessions of work conditioning. The evaluator reported the claimant is status post work hardening, 28 OT session and 4 additional physical therapy sessions. A Peer to Peer was performed with Dr. who reported he was not aware that the claimant had previous work hardening and previous occupational therapy and physical therapy sessions. The reviewer reported the claimant has had progressive improvement in his functionality. He has exceeded the

recommended 9 occupational therapy visit. He has been taught home exercises. He should be able to perform active, self-directed exercises at home.

On 1-8-09 DC., provided a request for an appeal. The evaluator reported the claimant has been off work since his on the job injury of xx/xx/xx. Although he has had extensive OT there is no indication that he has ever participated in a secondary return to work program. The claimant is nearing two years post injury and it is important to maximize his functioning and prepare him for returning to the workforce. The claimant has not returned to work within two years have and has a reduced probability of returning to work at all. He continues to present with continued pain in his right-hand with decreased strength, gripping and difficulty with fine motor manipulation including buttons and screws.

On 1-23-09 DC., provided an Adverse Determination regarding reconsideration for Work Conditioning program, 10 sessions. The evaluator reported that records clearly show that the employee has already completed work hardening in the past, as documented in both the Peer Review report dated 11-24-08 and the Designated Doctor report on 10-17-08. Consequently, this request is not keeping with ODG.

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

Documents submitted for review do, indeed, twice reference that the claimant attended/completed a return-to-work program (work hardening or work conditioning) prior to this request. Peer Review from MD dated 11/24/08 describes records showing approval for 10 sessions work conditioning and notes coinciding with approximate dates. The Designated Doctor's Exam provided by MD dated 10/17/08 specifically notes that he reviewed a work hardening report dated 03/11/08. Carrier, billing or medical records not submitted for this review should be consulted to confirm these stated facts.

Guidelines do not support repeating a return-to-work program. Further, this claimant has had extensive therapy and should be well-versed in a self-directed home exercise program, and has additionally been recommended to return to work at restricted duty. Claimant should be independent in a home exercise program by this point.

ODG-TWC, last update 2-18-09 Occupational Disorders of the Forearm, Wrist and Hand – Work hardening/conditioning: 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
12 visits over 8 weeks

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)