

# MEDR X

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/29/2009

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of work hardening 5 x Wk x 2 Wks (97545, 97546).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years and performs this service in his office.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of work hardening 5 x Wk x 2 Wks (97545, 97546).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
Rehabilitation Center

These records consist of the following (duplicate records are only listed from one source):  
Records reviewed from Rehabilitation Center: M.Ed., LPC Evaluation – 7/16/09.  
Records reviewed from : Rehabilitation Center Pre-authorization request – 7/29/09, PPE report – 7/23/09, and Request for Appeal letter – 8/25/09; Healthcare Systems Patient Referral and Intake Form – 7/14/09; imaging MRI report – 6/19/09; denial letter – 8/3/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to available medical records, the patient injured his right upper extremity while lifting a piece of wood from the floor at work. He felt a “pop and pull” in his right forearm and was unable to complete his work. The records indicate that he attempted to return to work or to continue to work for approximately two weeks, but was unable to complete assigned duties. His record further indicates that he had physical therapy, reaching a plateau but not affording him enough relief to return to work. He had Physical Performance Evaluation performed on July 23, 2009 which showed that he was able to perform at a “light duty” level in pushing, pulling, and lifting. His job, however, requires light-to-medium lifting, according to the available medical records.

An MRI of the right elbow performed on June 19, 2009 reportedly showed evidence of an acute lateral epicondylitis.

The patient’s treating physician has asked for ten sessions of work hardening in order to prepare him to return to work.

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

The patient sustained a documented injury to his right forearm and/or elbow on xx/xx/xx. His record indicates that he had physical therapy as an outpatient, improved, but plateaued and failed to reach a return to work status (medium demand work level). Physical therapy reportedly included E-stim/TENS unit, ultrasound, massage, exercise, stretching, and heat/ice.

The chart indicates that he is not a candidate for surgery or other treatments. The chart indicates that he is able to perform the required elements of a physical restoration program in work hardening. The precertification request from Dr. clearly indicates that the injured employee has a job to return to if he is able to return to work without restrictions (employee and employer agree on return to work goal). Records indicate that the employee is able to benefit from a work hardening program and is less than xxxx years after date of injury.

According to the ODG: Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. 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. 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.

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.

The above qualifications are met from the ODG. Therefore, the requested program is approved as medically necessary.

**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)