

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX
75038
972.906.0603 972.255.9712
(fax)

Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 3, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 10 sessions of work hardening (97545, 97546)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned

(Disagr

ee)

Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
842.02	97545, 97546		Prosp	10					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

A xxxxx FCE noted that this was a right wrist injury and that this study supported a work hardening protocol be completed at the same facility. M.Ed reported the wrist injury dating back to xx/xx/xx. Plain films and MRI studies were reported as normal. After a referral to Dr. surgical intervention was completed on June 18, 2008. Post-operatively 15 sessions of work conditioning and individual psychotherapy were completed. There were some elements (mild) of depression and anxiety.

A request for work hardening was made and not certified.

There is a September 23, 2009 request for reconsideration for the 20 sessions of work hardening. It appears that D.C. feels that secondary to a FCE that this work hardening is required to complete the transition back to working at the previous job.

The request for reconsideration was also not certified.

An October 14, 2009 statement from Dr. stated that the injured employee needs to transition back to work. At the time of this statement, it was noted that the injured employee was able to work at a medium physical demand level (PDL) and that "work hardening" was needed to complete this transition. There was an element of deconditioning noted as a sequale of this compensable event.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines the criteria for a work hardening program are:

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 FCE data were fairly boilerplate and resting pulse was 110 BPM. This would note unrelated issues complicating the data presented. There was some physical therapy, however, this is a wrist injury and there was no discussion as to why this wrist injury could not be addressed with a home-based, self-directed exercise program emphasizing overall conditioning and fitness. The requesting provider did not present a written documentation of a job to return to, signed by the employer and employee. There was no documented on the job training that could have been a reliable substitute for this protocol. The requesting provider was defaulting to the end-game without applying the standards listed in the ODG. Lastly, this injured employee has received physical therapy and work conditioning, there is no noted benefit from replicating these modalities with a work hardening program. The stated goals of the requesting provider appear to be able to be met with a return to work with appropriate wrist work restrictions. There is no clinical indication for a comprehensive work hardening program after having completed a work conditioning program.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES