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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening, 5x/week x 2 weeks, 10 sessions

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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

Adverse Determination Letters, 7/24/09, 8/11/09

Dr., MD, 8/14/09,

Ph.D., 6/9/09

Peer Review, 3/30/09

Preauthorization Request, 7/21/09

Baseline PDL, 6/25/09

Outcomes Grid, 6/9/09

FCE, 6/25/09

Medical Centers, 5/28/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old female injured xx/xx/xx when a door struck the side of her arm. The initial examination described in Dr. peer review cited no tenderness, and nearly full motion. There was a slight reduction in the abduction. It was felt she had a contusion. She subsequently had further examinations that showed loss of motion and progressively more pain. She reportedly developed anterior shoulder pain and numbness in her fingers. She had PT. The progressive loss of motion was felt to be an adhesive capsulitis. Her 8/7/08 MRI report was not provided. She reportedly had a subtle articular surface partial rotator cuff tear

with osteoarthritis of the AC joint. Her FCE on 6/25/09 showed her ability to perform at a sedentary level, but according to the records, a new job offer requires her to occasionally perform at a medium physical demand level.

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

The records provided did not describe any significant injury. Although there is a subtle rotator cuff tear described, that would still permit active motion. This patient's loss of motion can result from favoring the shoulder. MRIs and ultrasounds confirm the prevalence of asymptomatic partial rotator cuff tears in people about the age of 50. While there is no job description provided, a new job as administrative assistant is mentioned in the records. Records indicate the patient will only occasionally be required to perform at a medium level.

As per the ODG, work hardening is not recommended as being necessary for shoulder injuries. "There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm."

Further, Work Hardening can be justified for medium or heavier PDL, and the ODG advises that "job conditioning could be equally as effective..."

Based upon the records provided and the evidence-based guidelines, the reviewer finds that medical necessity does not exist for Work Hardening, 5x/week x 2 weeks, 10 sessions.

Work conditioning, 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. (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

10 visits over 8 weeks

See also Physical therapy for general PT guidelines

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)