

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/14/2009

**IRO CASE #:**

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

Work Conditioning x 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**

ODG Guidelines and Treatment Guidelines

, MD, 8/26/09, 8/3/09, 5/22/09, 4/24/09, 2/20/09, 2/6/09

, DC, 7/24/09, 7/16/09

FCE, 7/3/09

Letter to IRO from , 8/31/09

Evaluations, 4/30/09

, 8/23/06

, MD, 3/19/09

, MD, 4/23/09

, 4/23/09

Physical Therapy Evaluation, 2/20/09

MRI Right Knee, 2/4/09

, , MD, 1/27/09

Employee Statement, 1/14/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx-year-old woman reportedly injured on xx/xx/xx right knee pain after a fall. She had a prior menisectomy in 2006. She had an MRI on 2/4/09 that showed preexisting degenerative changes in her knee. Dr. , an orthopedic surgeon, saw the patient on 1/27/09. Dr. performed an independent examination and felt she was at MMI and able to return to work with restrictions of excess flexion activities that were due to expire on 6/30/09. Dr. did

a peer review on 3/19/09. Dr. felt she had an internal derangement of her knee. Dr. felt she had a chondral defect and required surgery. She had an FCE in July 2009 that showed her at a light PDL. She had not met the heavy PDL for her job as a . Dr. advised 20 sessions of Work Conditioning Dr. arranged for physical therapy after the injury.

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

There are differences of opinion from the doctors involved with regard to the extent of this patient's injury. The records suggest that she has been inactive, and there were no reports providing evidence of her attending physical therapy. The issue now is that the records show the claimant is unable to perform the work of a after 6 months of inactivity. The request is for 10 sessions of work conditioning. In cases such as this, the ODG approves 12 sessions of work conditioning over 8 weeks. The stated goal is to return her to work and to improve her stamina and strength. The request meets the guidelines. The reviewer finds that medical necessity exists for Work Conditioning x 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)

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-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)**