

Notice of Independent Review Decision

**DATE OF REVIEW:** 8/16/2010

**IRO CASE #:**

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

Medical necessity for 10 work hardening treatments

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

The professional performing this review is a licensed Chiropractor. He is a Diplomate of the National Board of Chiropractic Examiners. He has been licensed since 1989. He is a Certified Insurance Consultant which involves providing peer/utilization review (prospective, concurrent and retrospective) cases.

**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.

The medical necessity for 10 sessions of work hardening was established.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records received: 20 page fax 8/5/2010, 67 page fax 8/9/2010, 37 page fax 8/9/2010, 5 page fax 8/10/2010

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was involved in a work injury on xx/xx/xx. The injury was described as the claimant was carrying pictures of water when his forearms begin to spasm and began to notice intense pain. The claimant was referred to where he received an injection that reportedly did not reduce the claimant's pain. This was followed by a brief course of therapy.

The claimant also has an injury dated xx/xx/xx in which he injured his lower back while lifting a roll of carpet with a co-worker. There is indication that the claimant underwent L4/5 and L5/S1 anterior and posterior fusion surgery.

On 3/11/2010 the claimant underwent a functional capacity evaluation. This revealed that the claimant was functioning at a light physical demand level. His job required PDL is that of heavy. On 3/24/2010 the claimant underwent a psychosocial evaluation that revealed significant psychosocial overlay. The recommendation was for a work hardening program. On 5/18/2010 Dr., M.D., referred the claimant for 2 weeks of work hardening.

A request for work hardening was submitted and denied by peer review and upheld on appeal. The rationale for denial was that "there was no documentation from the employer" of his job description. On 8/10/2010 the claimant's employer submitted a job description and confirmed that the claimant does have a job to return to. The purpose of this review is to determine the medical necessity for the requested 10 sessions of work hardening.

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

The medical necessity for the requested 10 sessions of work hardening was established. The claimant underwent a course of therapy and was ready to return to work. However, a functional capacity evaluation revealed that the claimant was functioning below his job required PDL of heavy. The 8/10/2010 report from the provider indicated that the claimant does have a job to return to. The psychosocial evaluation revealed that the claimant had psychosocial overlay that would be amenable to a multidisciplinary work hardening program. ODG guidelines, web-based version, low-back chapter indicates that an initial trial of 10 sessions of work hardening can be considered appropriate. Therefore, consistent with ODG guidelines, the medical necessity for the requested 10 sessions of work hardening was established.

# The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

---

ODG guidelines, web based version, 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.

## **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)**

FLORES.DYLL-9251763