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DATE OF REVIEW: 11/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Work Conditioning 5 x week x 2 weeks (6 hours/day)

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

This case was reviewed by a Texas licensed DC, specializing in Acupuncture, Chiropractic. The physician advisor has the following additional qualifications, if applicable:

REVIEW OUTCOME:

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

☒ Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Additional Work Conditioning 5 x week x 2 weeks (6 hours/day)	97545, 97546	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	17	11/08/2010	11/08/2010
2	IRO Request	TDI	1	11/08/2010	11/08/2010
3	Office Visit Report	PA	13	08/05/2010	09/29/2010
4	Appeal Denial Letter	Advantage	3	09/30/2010	09/30/2010
5	Office Visit Report	CMC	2	06/01/2010	06/01/2010
6	FCE Report	TX Evaluation Center	34	06/25/2010	08/13/2010
7	Initial Request	A-Medical Advantage	6	09/01/2010	09/01/2010
8	Initial Denial Letter		4	09/08/2010	09/08/2010
9	Office Visit Report	PA	4	08/12/2010	08/12/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a male who injured his low back on xx/xx/xx while involved in an MVA. He is currently diagnosed with a sprain of the lumbar region, and thus, the claimant is currently 10 months post soft tissue injury. Treatments to date have included: PT x 8 sessions, MRI of the lumbar spine, Work Conditioning x 10 visits, PPE x 2. The claimant initially completed 8 visits of PT which was followed by 10 session of work conditioning with 6 hour sessions. The progress notes for the work conditioning indicate that the claimant's lifts remained the same and were unchanged going in to weeks 2 and 3. Cardiovascular abilities remained the same and were unchanged going in to week 2, then decreased in week 3 in all areas. The claimant was capable of dynamic lifts up to 36 lbs in all areas tested, which falls into the medium PDL. A PPE was performed on June 25, 2010, which indicated that the claimant was capable of static lifts up to 45 lbs. No heart rate testing was performed or provided to support maximal effort was being performed by the claimant during the lifts evaluation. Hand grip strength tests did not provide bell shaped curves on either side which is an indicator of submaximal effort being performed by the claimant during the evaluation. During testing it was noted that a job description was not given, provided or available per the PPE.
A repeat PPE was performed on 8/13/2010. The claimant was capable of static lifts up to 54 lbs. Dynamic lifts were performed up to 36 lbs on all lifts tested. No heart rate testing was performed or provided to support maximal effort was being performed by the claimant during the lifts. The PPE indicated that the claimant is capable of lifting more than what the job requires on all occasional and frequent dynamic lifts. Occasional dynamic lifts were performed up to 36 lbs, on all lifts; the work required lifts are 20 lbs. Frequent Dynamic lifts were performed at 18 to 25 lbs, the job requires 10 lbs. The conclusion made, therefore, is that the claimant is physically performing above the job required lifts on all areas of dynamic testing per the PPE. Based on the submitted medical records, the PPE performed on 8/13/2010 indicates that the claimant is performing above all job required lifts dynamically. The request for additional work conditioning x 10 sessions (6 hours per day) has been denied on initial and upheld on appeal. This is an IRO request for additional work conditioning 5x week x 2 weeks (6 hours/day).

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

The claimant has already completed 10 visits of work conditioning with 6 hour sessions. The claimant was capable of lifts up to 30 lbs dynamically prior to the program. After the 10 visits, the claimant was capable of dynamic lifts up to 36 lbs on all areas tested, which falls into the Medium PDL. The cardiovascular abilities remained the same on week 2 and on week 3 all areas decreased. Thus, the data provided for review shows that there has been limited progress and improvement from the 10 visits of work conditioning already provided thus far. The claimant is more than capable of returning to normal work duties based on the submitted information. ODG recommends a maximum 10 visits of work conditioning, which the claimant has already completed. The data provided for review does not support any clinical reason that the patient is an outlier to the guidelines, and thus, there is no compelling clinical indication provided to merit exceeding the ODG Guidelines with the current request. Additionally, there is no evidence of attempts to return the claimant to modified or normal work duties. The available objective data, therefore, supports that the claimant is more than capable of returning to work duties as advised by job descriptions provided. Medical necessity of this request has not been established. It is recommended that the prior denials be upheld.

Work conditioning, work hardening: Recommended as an option, depending on the availability of quality programs, using the criteria below. The best way to get an injured worker back to work is with a modified duty RTW program (see ODG Capabilities & Activity Modifications for Restricted Work), rather than a work hardening/conditioning program, but when an employer cannot provide this, a work hardening program specific to the work goal may be helpful. See also Return to work, where the evidence presented for “real” work is far stronger than the evidence for “simulated” work. Also see Exercise, where there is strong evidence for all types of exercise, especially progressive physical training including milestones of progress, but a lack of evidence to suggest that the exercise needs to be specific to the job. Physical conditioning programs that include a cognitive-behavioral approach plus intensive physical training (specific to the job or not) that includes aerobic capacity, muscle strength and endurance, and coordination; are in some way work-related; and are given and supervised by a physical therapy provider or a multidisciplinary team, seem to be effective in reducing the number of sick days for some workers with chronic back pain, when compared to usual care. However, there is no evidence of their efficacy for acute back pain. These programs should only be utilized for select patients with substantially lower capabilities than their job requires. (Schonstein-*Cochrane*, 2003) See also Chronic pain programs (functional restoration programs), where there is strong evidence for selective use of programs offering comprehensive interdisciplinary/ multidisciplinary treatment, beyond just work hardening. Multidisciplinary biopsychosocial rehabilitation has been shown in controlled

studies to improve pain and function in patients with chronic back pain. However, specialized back pain rehabilitation centers are rare and only a few patients can participate in this therapy. It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, treatment should not exceed 2 weeks without demonstrated efficacy (subjective and objective gains). (Lang, 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. Work conditioning and work hardening are not intended for sequential use. They may be considered in the subacute stage when it appears that exercise therapy alone is not working and a biopsychosocial approach may be needed, but single discipline programs like work conditioning may be less likely to be effective than work hardening or interdisciplinary programs. (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) Use of Functional Capacity Evaluations (FCEs) to evaluate return-to-work require validated tests. See the Fitness For Duty Chapter.

Other established guidelines: High quality prospective studies are lacking for Work Conditioning and Work Hardening, but there are consensus guidelines used by providers of these programs. The term "work hardening" was first introduced in the late 1970s (Matheson, 1985), with a description as a "work-oriented treatment program" with an outcome of improvement in productivity. An assessment is necessary, and activities include real or simulated work activities. (Lechner, 1994) The first guidelines for work hardening were introduced in 1986 by the American Occupational Therapy Association Commission on Practice. (AOTA, 1986) In 1988 the Commission for Accreditation of Rehabilitation Facilities (CARF) addressed standards, suggesting that the programs must be "highly structured and goal oriented." Services provided by a single practitioner were excluded from CARF accreditation for work hardening. (CARF, 1988) As CARF accreditation includes extensive administrative and organization standards, the Industrial Rehabilitation Advisory Committee of the American Physical Therapy Association (APTA) developed the Guidelines for Programs in Industrial Rehabilitation. (Helm-Williams, 1993) This was primarily to offer more flexibility. Types of programs in these guidelines are outlined below:

ODG Work Conditioning (WC) Physical Therapy Guidelines

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also Physical therapy for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.

ODG Fitness for Duty Chapter, Preface, states,
When considering whether a worker is fit for duty, an appreciation for the workplace in general and the specific task(s) is crucial. The physician needs a detailed job description from the employer. Ideally, this information should be corroborated by the worker. The physician's role includes: (1) providing a critical assessment of the available medical information as to completeness and validity, (2) identifying impairments that can "reasonably be anticipated" to affect performance of essential functions, (3) determining if impairments are permanent, and (4) identifying impairments that may result in a sudden or gradual adverse consequence (e.g., incapacitation in a safety-sensitive job, communicable disease) or a "direct threat" (i.e., significant risk of substantial harm to the health or safety of self, co-workers, or the public that cannot be eliminated by reasonable accommodation).;

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)**

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on11/29/2010.