



## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/6/10

**IRO CASE #:**

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

Determine the appropriateness of the previously denied request for work hardening, five days per week for two weeks (ten visits) with CPT codes 97545 and 97546.

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

Texas licensed chiropractor.

**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 previously denied request for work hardening, five days per week for two weeks (ten visits) with CPT codes 97545 and 97546.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. Referral dated 11/30/10.
2. Request for Authorization dated 11/30/10, 10/15/10 x2.
3. Reconsideration Letter dated 11/15/10, 10/20/10.
4. Report of Medical Evaluation dated 10/20/10.
5. Impairment Rating Report dated 10/20/10.
6. Patient Note dated 10/13/10.
7. History/Physical Report dated 10/13/10.
8. Weekly Exercise and Activity Sheet dated 10/8/10-10/4/10.
9. Daily Note dated 10/7/10, 10/6/10, 10/4/10, 10/1/10, 9/30/10, 9/29/10, 9/23/10, 9/22/10, 9/17/10, 9/15/10.
10. Mental Health and Behavior Assessment Report dated 9/13/10.
11. Functional Capacity Evaluation Summary Report dated 8/23/10.
12. Treatment Sheet dated 7/7/10, 6/28/10, 6/25/10, 6/24/10, 6/21/10, 6/18/10, 6/16/10, 6/10/10, 5/27/10.

13. Initial Evaluation and Treatment Plan-Shoulder Evaluation Report dated 6/23/10.
14. MRI of the Right Shoulder Report dated 6/9/10.
15. Initial Evaluation and Treatment Plan-Lumbosacral/Hip Evaluation Report dated 5/27/10.
16. Physical Therapy Discharge Record dated 5/27/10.
17. MRI of the Cervical Spine Report dated 5/24/10.
18. Progress Notes dated 5/14/10, 5/13/10, 5/3/10.
19. Report of Medical Evaluation dated (unspecified date).
20. Provider Information Form dated (unspecified date).
21. ODG-TWC.

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:** xx

**Gender:** Male

**Date of Injury:** xx/xx/xx

**Mechanism of Injury:** Hit on the head with ash rock while he was in a tunnel.

**Diagnosis:** Cervical spine sprain, thoracic spine sprain, lumbar sprain, cervical pain, stiffness, bilateral shoulder pain/weakness and lumbar pain.

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

This 5'6" tall, 146 pound, right hand dominant, male sustained a work related injury on xx/xx/xx, while working, as a xx. The mechanism of injury occurred when he was hit on the head with ash rock while he was in a tunnel. His neck, back and right shoulder were injured. His diagnoses included cervical spine sprain, thoracic spine sprain, lumbar sprain, cervical pain, stiffness, bilateral shoulder pain/weakness and lumbar pain. The injured worker received a designated doctor examination on 10/20/10, with MD. The injured worker was determined to have reached maximum medical improvement (MMI) on 6/19/10, with zero whole person impairment rating. He continued to report complaints in the cervicothoracic spine, lumbosacral spine and upper/lower extremities. There were no objective findings appreciated. There was guarding and significant voluntary restriction, therefore lending the results to be invalid. The diagnostic testing included X-rays of the cervical, thoracic and lumbar spine, which were negative. An MRI of the right shoulder on 6/9/10 was negative and an MRI of the cervical spine on 5/24/10 was negative. There was a note that the injured worker was returned to light duty in June of 2010; however, he had not returned. A report from Accident & Injury Rehab from DC, dated 10/15/10, indicated that the injured worker had completed rehabilitation, according to the ODG, as well as 10 days of work conditioning. This report also indicated that on 10/13/10, a re-examination recommended that the injured worker would be a candidate for work hardening. The rationale was that he had a very heavy work demand level and was only capable of "light-medium" (per functional capacity evaluation on 8/23/10). The patient was currently working with DARS (vocational rehabilitation) to return to work. A request was made for work hardening of 10 sessions, 8 hours per day at 5 days per week for two weeks. On 10/13/10, Dr. report indicated that the MRI of the right shoulder, performed on 6/9/10, revealed mild degenerative changes in the labrum and acromioclavicular joint without

impingement. The MRI of the cervical spine, on 5/24/10, was normal. This report indicated completion of six sessions of rehabilitation from 6/10/10 to 7/1/10, two sessions of active rehabilitation from 8/3/10 to 8/4/10 and ten days of work conditioning program from 9/15/10 to 10/7/10. The exam findings, on 10/13/10, were normal ranges of motion in the cervical spine and bilateral shoulders without ranges provided for the lumbar spine. There was 4+/5 motor weakness in the upper extremities and 4/5 in the cervical spine. There was no gait disturbance and reflexes were normal at 2+ in the bilateral upper and lower extremities. A report from Behavioral Health Services, dated 9/13/10, from, Ph.D. noted diagnoses of adjustment disorder with mixed anxiety and depression, pain disorder associated with psychological factors and general medical condition, chronic pain and GAF of 60. Subsequently, there were six sessions of psychological therapy completed. There was no indication of new injury, re-injury or surgical interventions to consider. It should be noted that the reference to the original review determination, dated 10/15/10, outlined a request from for work hardening for 5 x 2 weeks with CPT codes of 97545 and 97546. This review from DO referenced "work conditioning", not work hardening and was given an adverse determination due to exceeding the number of visits in the guidelines. It should also be noted that the reference to the appeal review determination, dated 11/2/10, outlined a request from for work hardening for 5 x 2 weeks with CPT codes of 97545 and 97546. However, the reviewer DC, identified that the injured worker had completed 10 previous days/sessions of work conditioning and then references "10 hours of work conditioning program." Dr. indicated appeal for 10 additional "workconditioning" not work hardening visits at 8 hrs per day for ten days was given an adverse determination because it exceeded the guidelines of up to a maximum of 30 hours. The current request, on the 11/23/10 request for a review by an independent review organization form, is regarding the medical necessity for work hardening, five days per week for two weeks, or ten days with CPT codes 97545 - Conditioning and work hardening, first two hours and 97546 - conditioning and work hardening, each additional hour following the first two hours. (Please note that the provider requested work hardening 8 hours per day, five days per week for two weeks). The medical necessity for this request of work hardening at the above frequency and duration was not established. The reference to support this adverse determination is found in the ODG regarding lumbar spine and work conditioning/work hardening. The criteria for admission into a Work Hardening Program #21 outlines that, "Repetition: Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury." The injured worker had already completed six sessions of rehabilitation from 6/10/10 to 7/1/10, two sessions of active rehabilitation from 8/3/10 to 8/4/10 and ten days of work conditioning program from 9/15/10 to 10/7/10. The criteria outlined in the ODG would not support this request for work hardening given the previously completed work conditioning program. Lastly, the injured worker received a designated doctor examination on 10/20/10, with MD. The injured worker was determined to have reached MMI on 6/19/10, with zero whole person impairment rating. The injured worker continued to report complaints in the cervicothoracic spine, lumbosacral spine and the upper and lower extremities. There were no objective findings appreciated. There were no co-morbid factors to consider this worker an

outlier to the guidelines. Therefore, the previous adverse determination for the work hardening request is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
  - Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Lumbar spine - Work conditioning/work hardening.  
[http://www.odg-twc.com/odgtwc/low\\_back.htm#Workconditioningworkhardening](http://www.odg-twc.com/odgtwc/low_back.htm#Workconditioningworkhardening)
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).