



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: July 9, 2010

IRO Case #:

Description of the services in dispute:

Work hardening 5 x 2, right hand/fingers

A description of the qualifications for each physician or other health care provider who reviewed the decision

This Chiropractic reviewer has a certification in acupuncture as well as is licensed in their state by the board of chiropractic examiners. This reviewer has been in active practice since 2000. This reviewer is currently active in continuing education.

Review Outcome

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

Based on ODG guidelines, the request for 10 work hardening sessions (5 x2) to the right hand/fingers is considered medically necessary.

Information provided to the IRO for review

Records received from the State:

Patient clinical history [summary]

The patient is a male who sustained an injury to his left index finger on xx/xx/xx when he was working with a piece of metal folding it into a cylinder when part of the cylinder fell off onto his finger, resulting in an amputation of the left index finger. The psychological evaluation dated 04/21/10 stated that the patient was initially treated with 18 sessions of physical therapy where gains were made followed by a plateau, surgery, and prescription medications with marginal results. The patient underwent a psychological evaluation and was recommended for a trial of 10 sessions of a work hardening program. Functional Capacity Evaluation on 04/05/10 showed was able to perform at a light to medium physical demand level which failed to meet the minimum job requirements. The patient's job required a heavy physical demand level per the job description provided by the patient and/or employer. The patient was recommended for a work hardening program. The request was denied on prior review as there was inadequate reason for a multi-disciplinary work hardening program as the patient's BDI and BAI were normal. A letter dated 05/28/10 stated that the patient was very eager to return to work; however, he was unable to perform his duties his employer required. The patient's employer was contacted and reported that the patient had a position to return to once the program was successfully completed. A second request was made for admission to a work hardening program, which was denied on prior review.

As the clinic note stated that the patient had completed up 30 sessions of physical therapy but the reviewer could only account for 22 visits of therapy. Additionally, a written job description was not submitted from the employer and according to the DOT, the physical demand level requirement for a machinist was medium and the reviewer stated that the employee was already at a medium physical demand level. A letter dated 06/21/10 stated that the Department of Labor Job Classifications for a machinist at xxxxx required a heavy physical demand level. It was stated that the patient's current physical demand level was light to medium, which would preclude him from returning to work. A request again was made for a 10-trial sessions of a work hardening program.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The patient sustained an injury resulting in an amputation to his left index finger. The patient has undergone extensive rehabilitation therapy including physical therapy and at least 3 psychological therapy sessions. The prior denial on 05/10/10 was on the basis that the patient's psychological evaluation revealed that the patient's BDI and BAI were normal. The clinical letter dated 05/28/10 states that the patient does not have severe psychological barriers which would preclude him in participating in a work hardening program. Current evidence-based guidelines recommend that patients undergo a screening process that would include a psychological evaluation with clearance for the program. The patient did undergo a psychological evaluation on 04/21/10 and was recommended for a trial of work hardening. The psychological evaluation identified psychosocial stressors as a result of his injury and was recommended for the work hardening program, as it has been found to aid in the reduction of symptoms of depression, fear, avoidance, reduction in pain levels, medication usage, and an increase in leisure and work activities. The denial of 05/10/10 is not agreed with. The review dated 06/09/10 states that the requested work hardening program was denied, as there was no written job description submitted from the employer. According to the DOT, the physical demand requirement for a machinist is medium, and the Functional Capacity Evaluation documented the patient at a light to medium physical demand level. The letter dated 06/21/10 states that the patient is a machinist in a heavy industry, and the Department of Labor Job Classifications for a machinist atxxxxxx is a heavy physical demand level. It was stated that the patient's employer was contacted and they verified that the patient had a position to return to once the program was successfully completed. They confirmed that the physical demand level requirement was a heavy physical demand level. After the reviewing the documentation submitted for this review, the patient does meet the criteria per Official Disability Guidelines for the requested work hardening program as there is evidence that the patient has correctable psychological barriers which prevent him from performing optimally at work. However, his psychological barriers are not severe to prevent him from participation in a work hardening program. The patient's current physical demand level as evidenced by the Functional Capacity Evaluation shows the patient has functional deficits that preclude him from returning to work. As the patient is eager to return to work and has a specific job to return to that exceeds his current abilities, the request for work hardening 5 times a week for 2 weeks for a total of 10 sessions is medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Official Disability Guidelines, Wrist, Forearm and Hand Chapter.

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.