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Notice of Independent Review Decision

DATE OF REVIEW: 5/20/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 hours of a Work Hardening Program

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

Certified by the American Board of Physical Medicine & Rehabilitation

REVIEW OUTCOME

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

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	8409	97545, 97546	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.
Practitioner/Physician notes/evaluations dated 12/30/09, 3/22/10
Functional Capacity Evaluation dated 3/22/10
X-ray reports dated 12/5/09, 10/24/09, 10/16/09
Physical therapy notes from 2/1/10 through 3/2/10
Official Disability Guidelines cited and provided-Chapter Shoulder, Work Hardening

PATIENT CLINICAL HISTORY:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was hit in the head by a large branch of a tree. The patient fell to the ground and attempted to break his fall with his right arm, injuring his right shoulder. CT of the cervical spine dated 10/24/09 revealed degenerative changes of the cervical spine with no acute abnormality noted. CT scan of the head revealed no acute intracranial abnormality identified. Bilateral shoulder radiographs were reported as normal studies. Radiographs of the lumbar spine revealed status post fusion L5-S1, minimal degenerative disease at other levels. The patient subsequently underwent 12 sessions of physical therapy.

Clinical psychological interview dated 3/22/10 indicates that diagnoses are right shoulder sprain/strain and pain disorder associated with work related injury. The patient reports physical pain and suffering, more personal mental stress and physical health/injury concerns or worries secondary to the work related injury. BDI is 18 and BAI is 21, both in the moderate range. Functional capacity evaluation dated 3/22/10 indicates that the patient's current PDL is light-medium and required PDL is heavy.

The patient underwent evaluation on 3/22/10 to determine the ability of the patient to return to work and the extent of the patient's injury. The patient reports that his right shoulder hurts, and when he turns his head to the left he has shooting pain radiating into the left arm. The patient underwent previous 360 lumbar fusion in 2001. Medications are listed as Vicodin and Soma, and treatment to date includes physical therapy. On physical examination of the right shoulder there is severe limitation of extension to about 85 degrees. There is severe pain with internal and external rotation with mild crepitus. Examination of the neck reveals complaints of pain radiating to the left upper extremity up to the elbow on lateral flexion to the left. Deep tendon reflexes were equal and physiological in the upper and lower extremities. There were no sensory deficits. There is no muscle weakness, muscle atrophy or muscle fasciculations. The extent of the injury extends only to a right shoulder sprain and a head contusion. The patient is reportedly capable of returning to work at a sedentary job.

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

In the Reviewer's opinion, based on the clinical information provided, 80 hours of a work hardening program is not recommended as medically necessary. The patient sustained a head contusion and right shoulder sprain as a result of being struck by a tree limb on xx/xx/xx. The patient subsequently underwent a course of physical therapy; however, the submitted progress notes do not contain serial physical examinations to establish that the patient underwent an adequate course of physical therapy with improvement followed by plateau, as required by the Official Disability Guidelines prior to enrollment in a work hardening program. There is no specific defined return-to-work goal or job plan documented. Given the current clinical data, the requested 80 hours of work hardening program is not considered medically necessary.

REFERENCE: 2010 Official Disability Guidelines, 15th edition, Work Loss Data Institute, online version, Pain Chapter.

Work conditioning, work hardening	Recommended as an option, depending on the availability of quality programs. [NOTE: See specific body part chapters for detailed information on Work conditioning & work hardening.] See especially the Low Back Chapter, for more information and references. The Low Back WH & WC Criteria are copied below. **Criteria for admission to a Work Hardening (WH) Program:** (1) *Prescription:* The program has been recommended by a physician or nurse case manager, and a prescription has been provided. (2) *SCREENING DOCUMENTATION:* APPROVAL OF THE PROGRAM SHOULD INCLUDE EVIDENCE OF A SCREENING EVALUATION. THIS MULTIDISCIPLINARY EXAMINATION SHOULD INCLUDE THE FOLLOWING COMPONENTS: (A) HISTORY INCLUDING DEMOGRAPHIC INFORMATION, DATE AND DESCRIPTION OF INJURY, HISTORY OF PREVIOUS INJURY, DIAGNOSIS/DIAGNOSES, WORK STATUS BEFORE THE INJURY, WORK STATUS AFTER THE INJURY, HISTORY OF TREATMENT FOR THE INJURY (INCLUDING MEDICATIONS), HISTORY OF PREVIOUS INJURY, CURRENT EMPLOYABILITY, FUTURE EMPLOYABILITY, AND TIME OFF WORK; (B) REVIEW OF SYSTEMS INCLUDING OTHER NON WORK-RELATED MEDICAL CONDITIONS; (C) DOCUMENTATION OF MUSCULOSKELETAL, CARDIOVASCULAR, VOCATIONAL, MOTIVATIONAL, BEHAVIORAL, AND COGNITIVE STATUS BY A PHYSICIAN, CHIROPRACTOR, OR PHYSICAL AND/OR OCCUPATIONAL THERAPIST (AND/OR ASSISTANTS); (D) DIAGNOSTIC INTERVIEW WITH A MENTAL HEALTH PROVIDER; (E) DETERMINATION OF SAFETY ISSUES AND ACCOMMODATION AT THE PLACE OF WORK INJURY. SCREENING SHOULD INCLUDE ADEQUATE TESTING TO DETERMINE IF THE PATIENT HAS ATTITUDINAL AND/OR BEHAVIORAL ISSUES THAT ARE APPROPRIATELY ADDRESSED IN A MULTIDISCIPLINARY WORK HARDENING PROGRAM. THE TESTING SHOULD ALSO BE INTENSIVE ENOUGH TO PROVIDE EVIDENCE THAT THERE ARE NO PSYCHOSOCIAL OR SIGNIFICANT PAIN BEHAVIORS THAT SHOULD BE ADDRESSED IN OTHER TYPES OF PROGRAMS, OR WILL LIKELY PREVENT SUCCESSFUL PARTICIPATION AND RETURN-TO-EMPLOYMENT AFTER COMPLETION OF A WORK HARDENING PROGRAM. DEVELOPMENT OF THE PATIENT'S

	PROGRAM SHOULD REFLECT THIS ASSESSMENT. (3) *Job demands:* A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits). (4) *Functional capacity evaluations (FCEs):* A valid FCE should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs. (5) *Previous PT:* There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches. (6) *Rule out surgery:* The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery). (7) *Healing:* 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. (8) *Other contraindications:* There is no evidence of other medical, behavioral, or other comorbid conditions (including those that are non work-related) that prohibits participation in the program or contradicts successful return-to-work upon program completion. (9) *RTW plan:* A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities. (10) *Drug problems:* There should be documentation that the claimant's medication regimen will not prohibit them from returning to work (either at their previous job or new employment). If this is the case, other treatment options may be required, for example a program focused on detoxification. (11) *Program documentation:* The assessment and resultant treatment should be documented and be available to the employer, insurer, and other providers. There should documentation of the proposed benefit from the

	program (including functional, vocational, and psychological improvements) and the plans to undertake this improvement. The assessment should indicate that the program providers are familiar with the expectations of the planned job, including skills necessary. Evidence of this may include site visitation, videotapes or functional job descriptions. (12) *Further mental health evaluation:* Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning. (13) *Supervision:* Supervision is recommended under a physician, chiropractor, occupational therapist, or physical therapist with the appropriate education, training and experience. This clinician should provide on-site supervision of daily activities, and participate in the initial and final evaluations. They should design the treatment plan and be in charge of changes required. They are also in charge of direction of the staff. (14) *Trial:* 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 improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress. (15) *Concurrently working:* The patient who has been released to work with specific restrictions may participate in the program while concurrently working in a restricted capacity, but the total number of daily hours should not exceed 8 per day while in treatment. (16) *Conferences:* There should be evidence of routine staff conferencing regarding progress and plans for discharge. Daily treatment activity and response should be documented. (17) *Voc rehab:* Vocational consultation should be available if this is indicated as a significant barrier. This would be required if the patient has no job to return to. (18) *Post-injury cap:* 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 generally do not improve from intensive work hardening programs. If the worker is greater than one-year post injury a comprehensive multidisciplinary program may be warranted if there is clinical suggestion of psychological barrier to recovery (but these more complex programs may also be justified as early as 8-12 weeks, see Chronic pain programs). (19) *Program timelines:* These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for

	individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required. (20) *Discharge documentation:* At the time of discharge the referral source and other predetermined entities should be notified. This may include the employer and the insurer. There should be evidence documented of the clinical and functional status, recommendations for return to work, and recommendations for follow-up services. Patient attendance and progress should be documented including the reason(s) for termination including successful program completion or failure. This would include noncompliance, declining further services, or limited potential to benefit. There should also be documentation if the patient is unable to participate due to underlying medical conditions including substance dependence. (21) *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. **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.

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)**