



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WCN

DATE OF REVIEW: 3-10-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten sessions of work hardening

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

Doctor in Chiropractic Medicine

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 7-7-08 MRI of the right knee.
- 12-3-08 LPC., office visit.
- 12-17-08 Functional Capacity Evaluation.
- Work hardening program starting on 12-23-08.
- Work hardening weeks on 1-13-09, 1-20-09, 1-27-09, 2-3-09.
- 1-30-09 Physical Performance Exam.
- 3-10-09 MRI of the left knee.
- 9-18-09 MD., office visit.
- 10-1-09 Surgery performed by Dr.
- 12-10-09 MS, CRC, LPC., office visit.
- 12-11-09 DC., Functional Capacity Evaluation.
- 12-18-09 Functional Capacity Evaluation.
- Work hardening program starting on 12-14-09.
- Work hardening weeks of: 12-21-09, 12-28-09, 1-4-10 and 1-11-10.
- 12-29-09 Pre-certification request.
- 1-5-10 K. DC., performed a Utilization Review.
- 1-25-10 Letter of appeal unknown provider.
- 2-8-10 DC., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

7-7-08 MRI of the right knee shows abnormal posterior medial meniscus with suspected free edge tear and a folding back or superior positioned flap fragment. Moderately anterior pseudo protruded anterior medial meniscus that is otherwise unremarkable. Abnormal anterior lateral meniscus demonstrating thinning, maceration and fragmentation and degenerative signal, abnormal posterior lateral meniscus. Minimal joint effusion.

12-3-08 LPC., shows the claimant can endure the rigors of a work hardening program. The evaluator recommended 10 work hardening sessions.

12-17-08 Functional Capacity Evaluation shows the claimant is functioning in the light PDL. She reports her job requires a Light PDL.

Work hardening program starting on 12-23-08.

Work hardening weeks on 1-13-09, 1-20-09, 1-27-09, 2-3-09.

1-30-09 Physical Performance Exam shows the claimant is functioning in a Medium PDL. According to the claimant her required PDL is Medium. Dr. recommended 10 sessions of chronic pain management.

MRI of the left knee dated 3-10-09 shows horizontal cleavage tear through the anterior horn and body of the lateral meniscus with the tear extending to the inferior surface in the middle one third of the meniscus. Grade 3 patellofemoral chondromalacia, small left knee joint effusion. Grade 2 chondromalacia along the weight bearing surfaces of both femoral condyles and the medial tibial plateau.

On 9-18-09, the claimant was evaluated by MD., the claimant complained of recurrent right knee pain and limitation in motion and popping sensation. On exam, the claimant has capsular swelling and mild joint effusion. Range of motion is 0-90 degrees in flexion. There is retropatellar crepitus with flexion/extension of the joint. Ligaments are intact. McMurray's test appears negative. Impression: Chronic synovitis, right knee. The claimant was provided with an intraarticular steroid injection. She raised the possibility of undergoing arthroscopy of the left knee.

On 10-1-09, the claimant underwent arthroscopy, chondroplasty of the lateral tibial femoral compartment, partial lateral meniscectomy and synovectomy of the left knee under general anesthetic.

12-10-09 MS, CRC, LPC., notes the claimant was referred to determine the appropriateness of a work hardening program. Diagnosis: AXIS I: Chronic pain disorder associated with both psychological features and general medical condition.. Anxiety disorder and depressive disorder. AXIS II: No diagnosis. AXIS III: 717.3,

729.2, 728.89. AXIS IV: Occupational problems, economic problems. AXIS V: GAF 50 (Current) Highest Past Year (50) Prior to Injury (65). The patient's assessment results indicate that she will be able to psychologically endure the rigors of a Work Hardening program. The patient will be monitored during her weekly group psychotherapy sessions. If her emotional status changes during the course of this Work Hardening program, she will be considered for psychological re-evaluation and alternative treatment recommendations.

12-11-09 DC., the claimant's Functional Capacity Evaluation shows the claimant is at a light to medium PDL. The claimant's job was in the heavy category. The evaluator recommended referral to a full psychological evaluation and 10 sessions of work hardening/conditioning four hours per day followed with a second Functional Capacity Evaluation.

12-18-09 Functional Capacity Evaluation shows the claimant is functioning at a Light PDL based on DOT definition. Physical Demand classification: Light Medium.

Work hardening program starting on 12-14-09.

Work hardening weeks of: 12-21-09, 12-28-09, 1-4-10 and 1-11-10.

12-29-09 Pre-certification request for additional work hardening program for additional 10 days, 8 hours per day.

On 1-5-10, DC., performed a Utilization Review. The evaluator reported that the claimant has completed 10 sessions of work hardening with minimal gains. Lifting increases were limited to 5 lbs. The claimant should do just as well with a self directed home exercise program. Given the date of injury, subsequent therapy, and poor results from initial work hardening, recommended non-approval of additional 10 sessions of work hardening.

1-25-10 Letter, unknown provider.

The evaluator reported he was providing "this correspondence as our request for an appeal regarding denial of additional sessions of a Work Hardening program for workman's compensation claimant. Attached you will find all additional paperwork for your reference as you reconsider this claim.

The reviewer states as rationale "The claimant has completed 10 sessions of work hardening with minimal gains. Lifting increases were limited to 5 lbs. The claimant should do just as well with a self directed home exercise program. Given. The date of injury, subsequent therapies, and poor results from initial work hardening, recommend non approval of additional WH."

Please see additional integrative summary reports that were not included in the original preauthorization request. This includes a full ten day outlook into the patient's progress and continued barriers to require additional sessions of work

hardening. The reviewer cites minimal improvement with work hardening, specifically a 5 lb lifting. Updated clinical from the program shows further improvements in dynamic lifting from 17-20 lbs and is not the primary focus for continued sessions. Objective progress is also demonstrated in cardiovascular endurance, and tolerance to work simulation tasks, reduction in subjective pain complaints, and improved psychological state. Although improving, there continue to be barriers to returning to the workforce that cannot be addressed through a HEP alone. She continues to have difficulty managing chronic pain during physical activity with avoidance tendencies. She displays moderate pain behaviors, moderate psychological symptoms, and has not met physical goals for meeting her physical demands for endurance or tolerance to work simulation tasks.

Ms. Patin could greatly benefit from continuation of a multidisciplinary approach to management of pain. Along with improving endurance levels and tolerance to work activities, the program will continue to reduce fear avoidance tendencies, reduce pain behaviors during activity, and encourage the use of pain management strategies to reduce pain flare ups. The program will also provide both psychological and vocational counseling services. Goals will include further stabilization of depressive and anxious symptoms, verbalization of pain management strategies to reduce stress, pain and emotional symptoms, and continued interactive group sessions to improve socialization and peer interaction. Vocational counseling is also beneficial in facilitating job searches, identifying transferable job skills, resume building, and improving computer skills for customer service work.

Ms. Patin has shown excellent response to an initial ten sessions of the program. MG guidelines support additional sessions with adequate documentation of objective and subjective gains. Given psychological symptoms, fear avoidance tendencies, and living alone, further treatment within a clinical setting is necessary to maximize her potential and return her to the workforce.

The patient continues to present with positive predictors of success. She has shown excellent motivation, effort and attendance in initial sessions in an effort to return to the workforce. She continues to have a good outlook on recovery, has good work history, no prior pain problems or psychological issues, and no hard feelings toward employer. She is also less than 24 months post injury indicating potential for RTW. She also does not present with a medication regimen that would hinder RTW."

On 2-8-10, DC., performed a Utilization Review. He reported that a peer to peer was attempted, but was not successful. The evaluator reported the claimant does not meet ODG criteria. There is no evidence of progress or objective improvements in the depression or anxiety from the work hardening program already provided so far to date. Work hardening notes indicated the claimant is capable of dynamic lifts up to 32 lbs, which falls into the Medium PDL. NIOSH lifts were performed up to 100 lbs, which falls

on the border of the Heavy/Very heavy PDL. There is no evidence this claimant has reached a plateau from physical therapy already provided prior to a work hardening program.

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

The purpose of a Work Hardening program is to restore a patient's physical capacity and function to work in a specific job or toward clearly defined duties. In cases where significant psychosocial barriers exist, these programs are expected to provide support and guidance to move a patient into a position of self-management and independence. Evidence-based guidelines recommend that once begun, continuance of a program depends on documentation of significant objective, functional improvement and a clear demonstration of medical necessity for both the physical and psychological components.

In this case, the documentation shows this claimant has reached her lifting and carrying goals, while falling short in endurance and conditioning expectations. With regard to the physical component of this program, no evidence is presented why this claimant cannot maintain gains and continue general reconditioning in a self-directed home program. Further, as the current ODG recommendations do not require a specific job to be waiting at completion, this claimant is shown to be searching for employment therefore remaining conditioning goals would be expected to be concurrently and independently achieved.

With regard to the psychological component in this case, little significant change is demonstrated by measures documented and presented for review. Additionally, while subjective pain scores may be expected to vary during a Work Hardening program, no forward progress is shown in these levels, or in measures of sleep duration, compared with those prior to entry in the program. All added, no real progress is in evidence of the psychosocial barriers that hinder this claimant from returning to work.

As stated above, continuation of a Work Hardening program requires both demonstrable effectiveness and demonstrable need. This claimant does not meet the criteria for medical necessity of additional sessions of this program. Therefore, the request for additional 10 sessions of the work hardening program is not evident.

ODG-TWC, last update 2-24-10 Occupational Disorders of the Knee – Work Hardening/work conditioning: Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. (Schonstein-Cochrane, 2003) There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. (Karjalainen, 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. (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) For more information and references, see the Low Back Chapter. 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 be 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)

