

IRO Case # 36433

August 26, 2011

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SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: August 26, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program five times a week for two weeks. CPT Codes: 97545 and 97546.

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

FAMILY PRACTICE

PRACTICE OF OCCUPATIONAL 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

PATIENT CLINICAL HISTORY:

The date of injury is xx/xx/xx. I am asked to corroborate necessity. The request of necessity is for a work hardening program at five times a week for two weeks.

I will start with notes from the provider. There is a behavioral medicine

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consultation from xx/xx/xx. The mechanism of injury is described. It is noted the patient sustained an injury to the coccyx and low back while performing her customary duties in production at Sanderson Farms. It is noted she stepped on a roll of labels and fell on her back side. The patient did not seek medical attention for two weeks. The initial x-rays and MRI revealed a coccygeal fracture, per her history. It is noted she had six sessions of physical therapy under the treatment of M.D. Her pain was rated at 8 out of 10 on the visual analog scale. There was burning and stabbing in the low back. The assessment included Axis I: Pain disorder and adjustment disorder with mixed anxiety. Axis III: Injury to coccyx. The recommendations were for a course of cognitive therapy to improve maladaptive thought and individual psychotherapy for a minimum of six weeks. This is reported by M.S.

There is a functional abilities evaluation from June 27, 2011. The physical demand level of the patient's previous employment, for which she had been employed for one year, is in the medium physical demand level. It is noted the patient was able to perform all of the activities, but there was increased pain during the testing process. This appeared to involve all activities to include sitting, standing, walking, overhead reaching, reaching, stooping, squatting, and balance. The patient was unable to perform crawling, kneeling or crouching. The testing revealed significant volitional limitations of function which placed the patient below her work requirement. The recommendation was for four to six weeks of a work hardening program.

In physical examination by Dr. on July 13, 2011, there was back flexion of 50 degrees and extension of 10 degrees. Straight leg raising was negative

bilaterally. The bilateral knee reflexes were normal. The assessment was lumbar strain and history of coccygeal fracture. The date of injury is xx/xx/xx. Therefore, the date of service is one year post injury, which is approximately seven times the usual duration of conservative management for an uncomplicated lumbar strain for a return to work in even the heavy physical demand level, per the ODG.

M.S., concurred with the recommendation for a course of work hardening as of July 18, 2011.

The plan of treatment and goals of treatment were reviewed as of July 18, 2011. The recommendation was for formalized physical therapy/occupational therapy evaluation and functional capacity evaluation prior to entry, with extremity strengthening, core spinal stability training, stabilization, postural awareness, and balance training as well. An initial trial of ten days at five times a week for two weeks was recommended or 80 hours.

I have a work hardening program pre-authorization request. This is dated July 22, 2011. The patient's previous job requirement was described as light, although it was previously described as medium. Her physical demand level was only seen to be within the sedentary level on June 27, 2011. It is noted the patient had revealed modest improvement at that point, but had reached a plateau in outpatient physical therapy.

I have a peer review performed on July 27, 2011. It contested the previous functional capacity evaluation on June 27, 2011, as invalid due to submaximal and inconsistent effort. Therefore, the work hardening program was not recommended.

The determination of an invalid functional capacity evaluation was contested by, Psy.D. and Ph.D. in a letter of August 3, 2011.

There is a review of medical necessity on August 9, 2011. The appeal was denied as medical necessity for this request was not established. "This specific reference would not support this request to be one of medical necessity, as such an extensive program is not typically considered to be of medical necessity when the preinjury occupation is of only a light duty level."

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

When re-reviewing the functional capacity evaluation of June 27, 2011, the stated job description was light. I would have to concur and uphold the

previous determination. If we look at the Occupational Disease Guidelines, the criteria for admission to work hardening program are a 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 have documentation that the patient's current demand level is in the light physical demand level. As such, the utility of a work hardening program is not corroborated. It further states that, "These programs should only be utilized for select patients with substantially lower capabilities than their job requirements." It also states that, "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 ability and an achievable level of required job demands."

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

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- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)