



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Network (WCN)

MEDWORK INDEPENDENT REVIEW DECISION (WCN)

DATE OF REVIEW: 02/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening, 10 days (97545, 97546)

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

Texas State Licensed MD Board Certified Occupational Medicine physician

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

PATIENT CLINICAL HISTORY:

This is a xx-year-old man who developed pain in his neck as a result of lifting heavy objects at work. The patient was diagnosed with cervical disc disease and radiculitis. He eventually underwent anterior cervical discectomy and fusion at C4-C5 and C5-C6. Subsequently, the patient completed 24 visits of post-operative physical therapy and 03 weeks of a work-conditioning program for rehabilitation. However, he continued to complain of pain in his neck and upper back and difficulty in sleeping. His recent functional capacity revealed that he was unable to meet physical demand levels of his job fully. His Behavioral Health evaluation revealed evidence of chronic pain behavior and anxiety. Thus, based on his clinical status, the patient was recommended work hardening, 10 days (97545, 97546) to expedite his return to regular duties.

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

As per Official Disability Guidelines criteria for work hardening programs are interdisciplinary in nature and use real or simulated work activities designed to restore physical, behavioral, and vocational functions of the injured worker. They address the issues of productivity, safety,



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physical tolerances, and worker behaviors. This patient has completed 03 weeks of work conditioning with evidence of relief and gradual improvement in his functional capacity. It is expected that the claimant would benefit from a work hardening due to his young age; it is highly desirable that the claimant should return to gainful employment. This may require using all available therapeutic and rehabilitative measures. His response to the work conditioning was limited possibly due to his chronic pain behavior. A work hardening program should help in addressing the patient's behavioral obstacles to return to work. The claimant appears to be motivated to return to work and a return-to-work plan is in place for him. However, he is lacking in meeting the physical demands of his job. On his last FCE he performed at medium PDL while his occupation requires a medium/heavy medium PDL. The patient has made a good functional progress with previous rehabilitation efforts. A work hardening program should help him to reach at not afar goal of required medium/heavy PDL at his job and to facilitate his return to work. Based on the ODG recommendations and the review records, the insurer's decision to deny the requested work hardening 10 days (97545, 97546), is overturned.

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 KNOWLEDGBASE
- 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)