



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 02/14/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening x 80 Hours

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

Board Certified in Preventive & Occupational Medicine
Board Certified in Family Practice
Bachelor of Science Degree in Pharmacy
Fellow of the American Academy of Disability Evaluating Physicians
Fellow of the American Osteopathic Academy of Preventive Medicine
Instructor, Designated Doctor's Training Course

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.

Work Hardening x 80 Hours - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY **(SUMMARY):**

The patient was injured on xx/xx/xx when a piece of metal shot through his leg while. He was taken to the emergency room where x-rays were performed and an MRI was ordered. His wound was cleaned, he was prescribed oral analgesic medications, as well as three months of rest and physical therapy. The patient reportedly followed through and after months, returned back to work with restrictions. The patient reported after working for three months, his supervisor fired him. The patient reported since that date, he had experienced pain and physical limitations, as well as more personal mental stress. A working hardening program was recommended.

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

Working hardening x 80 hours would not be reasonable or medically necessary. First of all, we must assess the type of injury that the individual sustained. This was a laceration to the lower leg. As such, this would not have the same affect on the body, as far as work activity would be concerned, as would a lumbar injury, as it does not affect the core. That being said, it is noted that a functional capacity evaluation (FCE) was accomplished, which indicated that the patient was functioning in at least the medium physical demand capacity. This indicates therefore, that the patient does have the ability to return to the workplace. However, it was stated that the patient's usual job as a placed him into the heavy physical demand capacity. However, this assessment was not based upon a specific job description from his employer. Rather a generalized or average estimation was utilized. Nevertheless, since this individual's injury did not involve the core

structure, return to the workplace would actually be an overall better conditioning program, than a formal clinical setting. This individual would not be at risk for increased injury since his original injury was not to the core. As such, the best conditioning program for his work activities would be to actually perform those activities and as a result, would experience a gradual reconditioning, if you will.

Additionally, it's not evident from the records that all of this individual's "deconditioning" is actually physiologic, as opposed to psychobehavioral. For example, there is some evidence of generalized deconditioning that cannot be explained on the basis of this injury such as hand strength.

The Official Disability Guidelines (ODG) states that in order to consider a work

hardening program, a work related musculoskeletal deficit must be identified with the addition of evidence of physical functional behavioral and/or vocational deficits that preclude ability to safely achieve current job demand. Although based upon the FCE there appears to be a mild physical capability deficit, this deficit would not preclude the individual's ability to safely achieve his job demand. Rather, returning to the work, as discussed, would actually be a superior conditioning program than anything that could be accomplished in the clinic. It should be obvious that for most jobs FCEs are not performed prior to someone going into that job. As such, how do we know the individual's capacity when he first took this job? The key here is whether or not the injury, or the deficit would preclude ability to safely return to work. Since this injury was not to a major core structure, the patient would be able to return to the workplace and should not be at any increased risk. Therefore, the ODG criteria for that particular consideration were not met.

Further, the ODG requires a specific, defined return to work goal or job plan. The ODG states that the ideal situation is that there is a planned agreed to by the employer and employee. The documentation that was provided for review did not delineate a specific job plan.

The patient has undergone a designated doctor (DD) evaluation, as well as a post DD required medical evaluation (RME). Neither physician found any significant findings that would have precluded the individual from returning to the workplace. Since a return to work would be a superior conditioning program to a clinic-based setting and since there is no vocational deficit that would preclude the individual's ability to safely return to his job, there does not appear to be medical necessity for a work hardening program utilizing the criteria set-forth in the ODG.

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)**
- AMA GUIDES 5TH EDITION**