Notice of Independent Review Decision-WCN

CLAIMS EVAL REVIEWER REPORT - WCN

DATE OF REVIEW: **6-10-11**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Work Hardening 5 x week x 2 weeks lumbar left knee 97545 97546

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
American Boards of Physical Medicine and Rehabilitation and Pain Management

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 [SUMMARY]:
2-18-11 Evaluation for work hardening program performed by MA/ PhD., notes the claimant continues to struggle with moderate pain and functional problems. It was felt the claimant was a good candidate for the work hardening program and his psychosocial problems may be effectively addressed in didactic group therapy services offered in this program. Diagnosis: AXIS I: Post traumatic stress disorder, chronic, pain disorder associated with both psychological factors and general medical condition, major depressive disorder, single episode moderate. AXIS II: No diagnosis: AXIS III: Injury to his bilateral knees. AXIS IV: Primary support group and occupational issues. AXIS V: GAF 60, estimated pre injury GAF 85+.

2-21-11 Functional Capacity Evaluation shows the claimant is functioning at a Medium PDL. His job requires a Medium-PDL.

2-21-11 DO, pain psychologist and DC., notes the claimant has exhausted conservative curses of treatment and is unable to return to prior levels of functioning at work. The objective Functional Capacity Evaluation and behavioral evaluation confirms the

necessity of this program. The claimant meets all ODG guidelines for such an intensive rehab program.

2-25-11 MD., the claimant complains of left and right knee pain. On exam, the claimant has anterior pain on flexion and extension on both knees. There is no medial or lateral joint line tenderness. His gait is normal. McMurray and Drawer tests are negative. Impression: Left knee strain, right knee strain. Plan: Work hardening, MRI of the left knee. He is to remain at light work with restrictions.

2-25-11 Evaluation for work hardening program performed by PsyD/ PhD., notes that it was recommended the claimant participate in a work hardening program trial x 10 sessions.

3-4-11 Work Hardening Program pre-authorization request. The evaluator reported that the claimant has completed 4 sessions of physical therapy. At this time his treating physician is recommended the claimant progress to a work hardening program due to his persistent functional deficits that are impeding his ability to make safe return to work on full duty. The results of the BDI-II indicated moderate depression. His score on BAI was 40, reflecting severe anxiety. His score on FABQ-W = 34 as well as significant fear avoidance of physical activity in general (FABQ-PA = 20). With the psychological overlay noted, the claimant will require a program with a group psychotherapeutic component such as the one offered in the work hardening program. The claimant should be authorized for the multidisciplinary return to work program. He has expressed the desire to return to work on full duty. The Functional Capacity Evaluation performed on 2-21-11 shows he is at a Medium PDL and his job requires a Medium-Heavy PDL. The claimant has shown modest improvement with outpatient physical therapy modalities and the evaluator was now recommended progression to a work hardening program.

3-9-11 DO., performed a Utilization Review. As per medical report dated 2/25/11, the patient complains of bilateral knee pain which he rates at 6/10 on pain scale. The knee examination revealed pain on flexion and extension, negative McMurray's and drawer tests, and absence of effusion and joint line tenderness. The patient has severe depression and anxiety based on the latest BDI and BAI scores. He is currently at Medium PDL and needs to reach a Medium-Heavy PDL. This is a request for ten sessions of Work Hardening. There is no objective documentation of the patient in plateau from improvement from previous trial of physical therapy. Based on the records, the patient only attended four PT sessions. There is also no documentation of a specific job to return to as well as a defined return to work goal agreed to by the employer and the patient. In addition, there is no documentation that there were unsuccessful attempts of the patient to return to work. Based on the records, the patient is obese and has significant psychological score which can be negative predictor in the outcome of this program and was not addressed. Prior psychological treatments were not indicated. Hence, the request is not substantiated at this time. ADDENDUM: 3/8 2:15pm MST spoke with Dr and discussed request. She states she is not sure why patient only had 4 PT sessions but he is already at medium and only needs to get to medium/heavy and provider thought work hardening would be more beneficial than PT. States patient was started on Prozac by provider but has had no psychological treatments for his depression. She states there is no light duty available at the employer and he has same job to return to. She states request should be for bilateral legs and not lumbar and left knee only. She states patient has not been seen by a specialist or surgeon. With only 4

sessions of PT, the patient has not maximized lower levels of care and may he able to achieve 1 PDT, level with PT. In addition, the patient has high psychological scores that may hinder success in a work hardening program and no prior psychological sessions were rendered. With this, no change in outcome. Determination: Non-Certified.

3-24-11 Reconsideration for work hardening program provided by, PsyD/ PhD. The evaluator reported that the claimant attended 14 sessions of physical therapy and not 4 sessions as outlined by Dr. The claimant made modest improvement that was not enough to achieve required PDL of Medium-Heavy. The evaluator reported that as evaluated by the multidisciplinary team, there was no evidence of other medical, behavioral or other comorbid conditions that prohibits participation in the program or contradicts successful return to work upon program completion. The claimant has exhausted low level of care and is being recommended by his treating doctor for 10 days of the work hardening program. The interdisciplinary team is all in agreement that he could certainly benefit from this level of care to maximize the functional gains he has made thus far.

4-5-11 PhD., performed a Utilization Review. The request for work hardening 5 x weeks x 2 weeks lumbar and left knee 97545 and 97546 is non-certified. I spoke with Dr. on 04/04/2011 at 12:56 pm CDT and discussed the case. Dr. reported the patient had undergone 14 sessions of physical therapy; however, the progress notes from the sessions were unavailable for review secondary to no access to them. The patient is a xx year old male who sustained an injury on xx/xx/xxxx. Official Disability Guidelines recommend work hardening when 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. The documentation submitted for review was insufficient to determine if patient's progress or if patient had plateaued with prior therapy to warrant need for continuation. As such, the request for work hardening 5 x week x 2 weeks lumbar and left knee 97545 and 97546 is non-certified. Determination: Non-Certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
MEDICAL RECORDS REFLECT THE CLAIMANT SUSTAINED A WORK INJURY TO HIS LEFT KNEE AND LOW BACK. HE HAS BEEN TREATED CONSERVATIVELY WITH MEDICATIONS, PHYSICAL THERAPY. A RECENT FUNCTIONAL CAPACITY EVALUATION SHOWS THE CLAIMANT IS FUNCTIONING AT A MEDIUM PDL. HIS JOB REQUIRES A MEDIUM-HEAVY PDL. RECORDS ALSO INDICATE THE CLAIMANT DOES NOT HAVE A JOB TO RETURN TO. BASED ON THE RECORDS PROVIDED, THERE IS NO INDICATION THE CLAIMANT IS PERFORMING A HOME EXERCISE PROGRAM. THERE IS NO INDICATION THE CLAIMANT HAS REACHED A PLATEAU. BASED ON THE FUNCTIONAL CAPACITY EVALUATION AND HIS PDL, AS WELL AS THE MEDICAL RECORDS PROVIDED, THE REQUEST FOR A WORK HARDENING 5 X WEEK X 2 WEEKS LUMBAR LEFT KNEE 97545 97546 IS NOT REASONABLE OR MEDICALLY INDICATED.

ODG-TWC, last update 5-31-11 Occupational Disorders - Pain - 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)**