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## Notice of Independent Review Decision

**DATE OF REVIEW:** 6/22/11

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of 10 sessions of a work hardening program.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

### **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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 10 sessions of a work hardening program.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
Dr., Clinic and Provider.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: Dr. office notes 10/19/10 to 6/2/11, multiple DWC 73 forms 10/19/10 to 6/2/11, FCE report by DC of 1/25/11 and 5/5/11, 1/25/11 psychosocial eval report, 10/27/10 to 5/2/11 progress reports Dr., 3/4/11 operative report, handwritten rehab notes 10/27/10 to 5/6/11, handwritten progress notes 12/17/10 and 5/2/11, exam report 10/27/10 to 12/17/10, 10/27/10

to 5/2/11 extremity testing reports, 10/27/10 comprehensive evaluation report and a blank (with exception of patient's name) comprehensive eval report.

Clinic: 6/6/11 letter by Mr, index of documents, 5/19/11 denial letter, 5/26/11 denial letter, XX/XX/XX agency notice of employee injury form, 12/8/10 PLN 11 form, 11/9/10 right shoulder MRI report, 11/17/10 right knee MRI report, 12/2/10 lumbar MRI report, various copies of certified letter envelopes, 2/1/11 to 4/29/11 orthopedic surgery center office notes and 2/28/11 DD report by MD.

Provider: 5/16/11 preauth request for WH program, 5/11/11 letter by Dr. to request WH, 4/5/11 psychosocial evaluation and 5/19/11 preauth reconsideration request.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker slipped and fell on a wet floor XX/XX/XXXX injuring the right shoulder, upper back, and knee. The worker was evaluated and treated by Dr., who referred her for a program of physical therapy which was supervised by Dr..

MRI of the right knee November 17, 2010 showed evidence of a joint effusion, tear of the posterior horn of the medial meniscus, and mild contusion of the anterior cruciate ligament. On 12/17/2010 Dr. noted that the worker had completed 4 weeks of therapy as prescribed and continued to have limited range of motion in the injured areas including the right knee. The worker remained off work and required prescription medication for pain/inflammation. The worker's employer does not allow return to work with any restrictions. Further therapy was requested.

A psychosocial evaluation was done January 25, 2011. Further psychological evaluation and treatment were not recommended. Work hardening was recommended. A Functional Capacity Evaluation January 25, 2011 documented that the injured worker performed at a light PDL, whereas the job requires a light/medium PDL. Specifically, limitations were found in several required activities including lifting, stooping, crouching, climbing stairs/steps/ladders, kneeling and squatting. An orthopedic opinion of the right knee was recommended to rule in/out possible need for surgical intervention prior to any consideration of a Work Hardening Program.

A Designated Doctor Evaluation was done February 28, 2011, wherein the worker was found not to be at MMI. On March 4, 2011, Dr. performed arthroscopic right medial meniscectomy. Postsurgical rehabilitation therapy was supervised by Dr.. On a progress report May 2, 2011 Dr., noted that the worker had completed 4 weeks (12 sessions) of active therapy as prescribed, reporting favorable reduction of pain, but continued to have right knee pain rated at 5-6 that increases to 7-8 with extended walking, climbing stairs/steps. The worker could not squat or kneel. Right knee range of motion measurement revealed

flexion/extension of 90/-5 degrees. On the Functional Capacity Evaluation May 5, 2011, right knee range of motion in flexion/extension was 90/-5 degrees. The examiner stated that the subject's occupation requires performance of the light/medium PDL, whereas the worker performed at the light PDL, reporting right knee pain at 5 of 10 with all material handling, push/pull and lifting. There was increased pain with extended walking, standing, climbing stairs./steps/ladders, stooping, crouching, crawling, kneeling and squatting. The worker was functioning at light PDL whereas the job was a light/medium PDL. A work hardening program was recommended.

The requested work hardening program was non-authorized on May 11, 2011. The non-authorization was upheld on reconsideration May 26, 2011. Request for review by an IRO was submitted June 3, 2011.

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

According to the ODG Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic) (updated 06/13/11), pertaining to Work Conditioning, Work Hardening, an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands.

The injured worker meets the following criteria for admission to a Work Hardening (WH) Program:

- 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). The FCE documented specific job requirements that the injured worker could not yet perform. These were not sedentary activities.
- 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.
- Previous PT: There is evidence of treatment with an adequate trial of active physical rehabilitation...
- 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).

- 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.
- 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.
- RTW plan: A specific defined return-to-work goal or job plan has been established, communicated and documented. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.

#### Other considerations

- 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. The request is for a total of 10 treatment sessions over two weeks.
- 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. This provision implies that a WH program can be authorized whether or not there is a job to return to.
- 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. The proposed treatment is not the repetition of a previous program.

According to the records provided, the injured worker meets the criteria for a work hardening program. Therefore, the program is found to be medically necessary at this time.

**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)