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### **Notice of Independent Review Decision**

**DATE OF REVIEW:** 5-16-2011

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of 80 hours of work hardening.

**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. This 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 agrees with the previous adverse determination regarding the 80 hours of work hardening.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the available medical records, this worker was injured on xx/xx/xx while he was working. He apparently lifted a 200 pound steel beam and felt a "pop" in his left shoulder. He was treated in an emergency room and given Tramadol. X-rays of the left shoulder performed on May 12, 2009 show degenerative changes of the glenohumeral joint with post-surgical changes seen within the glenoid. There was a small Hill-Sachs deformity. It is unclear as to what treatment was received between the time of the injury and surgery which was performed by Dr. on February 4, 2010. Dr. performed a left shoulder arthroscopy, subacromial decompression and acromioplasty, debridement of the superior labrum anteriorly and posteriorly, joint synovectomy, removal of adhesions, partial acromioclavicular resection, and rotator cuff repair.

The injured worker apparently entered a work hardening program in the summer of 2010. There are no records from that work hardening program, but subsequent records indicate that he attended twelve days of work hardening and then had to discontinue the program due to the illness of his father.

A functional capacity evaluation summarized by Chiropractor, on March 17, 2011 indicated that the injured worker had received ten days of work hardening. His pre-injury PDL was medium to heavy and his current PDL was light to medium. Dr. recommended ten days of chronic pain management to improve activity tolerance, improve functional capacity, and address psychosocial issues that are delaying progress and keeping subjective pain levels high.

An assessment evaluation for a work hardening program provided by M.S., CRC, indicated that the injured worker had an axis I diagnosis of pain disorder with both psychological factors and a general medical condition and a major depressive disorder. Mr. indicated that the injured worker's vocational plan was that he would return to school and become an x-ray technician because he was worried that he would not be able to return to the PDL he had prior to his injury. Mr. indicated that there were mixed results from the work hardening program. He documented an increased level of anxiety and depression which contributed to the deterioration of the individual's marriage and gaining of more than 100 pounds since injury. Mr. documented a pain level of 5 to 7 out of 10 depending on the injured worker's activities. Mr. recommended a chronic pain management program.

On March 30, 2011, a work hardening program pre-authorization request was presented. In this request, there is a mention of seven sessions of individual psychotherapy and five sessions of biofeedback in an effort to resolve the injury related mood disturbance, improve coping skills, and improve level of adjustment. The request indicated the injured worker had completed ten days of work hardening with "good progress." Evidence of the progress was that the injured worker's pain level had decreased from 7/10 to 5/10 and that there was an increase in shoulder range of motion and strength between the end of the work hardening program on August 12, 2010 and the time of this assessment in March, 2011.

Apparently, the improvements were attributed to the work hardening program that the injured worker had undergone in the summer of 2010. The pre-authorization request did note that there was a marked increase in anxiety and depression on the part of the injured worker. The request states that the injured worker had a job to return to and that he had agreed to a vocational goal. The pre-authorization request further states that the "team" agree that the injured worker can realistically meet the medium to heavy PDL, with the work hardening program if he continued to show aggressive program participation. The pre-authorization request further stated that the injured worker was expected to be able to regain employment upon completion of the program.

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

This injured worker is now more than x years post injury. He has apparently had either ten or twelve days of participation in a work hardening program which ended in early August, 2010. Apparently, the program was interrupted by acute family issues that the injured worker had to resolve. There is indication in the medical record that the injured worker had made "progress" in his work hardening program, but this is not clearly documented in available

medical records. There is documentation of change of the patient's status between August 12, 2010 and March 2011. There was significant improvement in range of motion and strength and some reduction in pain level over that time period, but why those improvements occurred is unclear. There is also clear evidence that the injured worker had a significant increase in anxiety and depression over that same period of time. Apparently, the increased psychosocial problems were either related to immediate family issues or more chronic issues that resulted in a hundred pound weight gain and deterioration of the injured worker's marriage.

ODG Guidelines state that the testing performed for a work hardening program should 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 the work hardening program. Clearly and unequivocally, in this medical record, there is documentation from both Chiropractor, and M.S., CRC, that this injured worker is having problems which would interfere with his ability to achieve goals in a work hardening program. Both of these evaluators recommended entry into a chronic pain management program rather than work hardening.

Furthermore, the return-to-work plan is unclear. In one portion of the record, there is mention of the individual entering a training program to become an x-ray technician. It is unclear as to what the PDL for this job would be. Apparently there is no agreement yet as to the individual's goals of treatment as it relates to his vocational status. From available medical records, it appears that in this injured worker's case, another treatment approach would be more appropriate than a work hardening program, and ODG treatment criteria for admission to a work hardening program are not met.

**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)**