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## **Notice of Independent Review Decision**

### **IRO REVIEWER REPORT – WC (Non-Network)**

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**DATE OF REVIEW:** 10/21/11

**IRO CASE #:**

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

Work hardening five times a week for two weeks for the left knee

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

Licensed by the Texas State Board of Chiropractic Examiners

**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 five times a week for two weeks for the left knee - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An MRI of the left knee performed on 07/08/10 and interpreted by M.D.  
An Initial Medical Report from D.C. and D.C. at Medical Healthcare dated  
08/16/10

Consultation reports from Dr. dated 09/01/10 and 05/11/11  
Evaluations at Medical Healthcare on 09/20/10, 11/10/10, 12/10/10, 03/23/11, 05/09/11, 06/22/11, 07/25/11, 08/26/11, and 09/26/11  
An evaluation with M.D. dated 01/28/11  
An operative report from M.D. dated 05/03/11  
Office visits with Dr. dated 06/02/11  
A Functional Capacity Evaluation (FCE) dated 07/26/11 with D.C.  
A Behavioral Health Evaluation dated 08/03/11 with Ph.D.  
A Collaborative Report for Medical Necessity of Work Hardening Program, 10 sessions dated 08/25/11 from Dr.  
A Notification of Determination from M.D. with dated 09/07/11  
Another Notification of Determination from M.D. with dated 09/30/11  
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

An MRI of the left knee dated 07/08/10 revealed a strain of the anterior cruciate ligament, a partial tear of the medial collateral ligament, and bone contusions of the lateral femoral condyle, with non-displaced fracture, and the medial tibial plateau. Dr. recommended 12 visits of therapy over eight weeks on 08/16/10. On 03/23/11, Dr. noted Dr. had recommended surgery. Dr. performed arthroscopy, removal of the torn medial meniscus, chondroplasty of the undersurface of the chondral fracture, and removal of the pathological patella plica found on 05/03/11. On 06/02/11, the patient stated he was able to do most of his activities of daily living, however, he felt some weakness in his left knee. Physical therapy was continued and Dr. stated they may consider a work hardening or work conditioning program. Dr. stated on 07/25/11 that the patient was to complete the last four sessions of therapy and then they would schedule an FCE to determine the patient's functional status. He noted Dr. recommended participation in a return to work program. An FCE on 07/26/11 with Dr. indicated the patient was functioning in the light to medium physical demand level and his previous employment required the heavy physical demand level. It was felt that although his coefficient of variance values were within normal limits, he exhibited submaximal efforts relative to his physical, functional, and occupational abilities, which made the determination of this actual abilities and capacities difficult to assess. Dr. performed a behavioral health evaluation on 08/03/11 and he felt the patient would benefit from and should participate in a multidisciplinary chronic pain management program. Dr. stated on 08/25/11 in his collaborative report that there were currently no further treatment recommendations that had been made for the patient at that time and he felt participation in a work hardening program was reasonable. On 09/07/11, Dr. with provided an adverse determination for the requested 10 sessions of a work hardening program. On 09/26/11, Dr. reviewed the initial denial for the 10 sessions of work hardening and he disagreed with the conclusion that the patient required more physical therapy and was not a candidate for work hardening. He felt the patient had plateaued with the 24 sessions he had received. He felt the patient would benefit from an aggressive return to work program. Dr. with on 09/30/11, provided

another adverse determination for the requested 10 sessions of a work hardening program.

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

After reviewing the documentation, I do not find work hardening to be medically necessary or appropriate in regards to this patient's left knee injury. He has had 24 sessions of outpatient physical therapy, which he has plateaued, even under the notes from his treating doctor. He is not taking any medication at this point in time and there is nowhere in the report that the patient would benefit from a work hardening program or a multidisciplinary program to assist with difficulties with medication, as well as psychological interventions that would prevent him from progressing. Based on the doctor's own notes, he has plateaued under conservative care. The FCE performed, in my assessment, is inconsistent to indicate the need for additional rehabilitation based on this patient's progress and he also demonstrated submaximal effort. He has been working in the past. There is no indication that work hardening is medically necessary at this time.

The Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, out of the chapter for the Shoulder, Knee, and Leg, work hardening is recommended as an option, depending on the availability of quality programs, and should be specific for the job the individual is going to return to. (Schonstein-Cochrane, 2003) There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. (Karjalainen, 2003) Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. (CARF, 2006) (Washington, 2006) The need for work hardening is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands. As with all intensive rehabilitation programs, measurable functional improvement should occur after initial use of work hardening. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit. (Schonstein-Cochrane, 2008) Criteria per the ODG for entrance into a work hardening program include appropriate screening documentation and a valid FCE, which was not the case with the patient's FCE of 07/26/11. A return to work plan has also not been provided. Therefore, the requested work hardening five times a week for two weeks would not be appropriate and the previous adverse determinations should be upheld 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 AND KNOWLEDGE BASE
- 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)