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**Notice of Independent Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** February 27, 2012

**IRO CASE #:**

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

97545 initial work hardening program x 80 hours and 97546 initial work hardening program add-on.

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

M.D., Board Certified in Family Practice and Occupational Medicine.

**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 requested 97545 initial work hardening program x 80 hours and 97546 initial work hardening program add-on are not medically necessary for treatment of the patient's medical condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization dated 2/07/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 2/08/12.
3. Notice of Assignment of Independent Review Organization dated 2/09/12.
4. Letters from dated 8/09/11 and 2/10/12.

5. Letters from dated 1/09/12 and 1/20/12.
6. Behavioral Evaluation Report dated 1/05/12.
7. Prescription from dated 8/09/11.
8. Work Capacity Evaluation dated 1/05/12.
9. MRI left ankle dated 9/01/11.
10. Medical records from dated 9/13/11 through 1/03/12.
11. Document entitled Employers First Report of Injury or Illness.
12. Document entitled Bona Fide Offer-Temporary Alternative Duty dated 7/26/11 through 8/11/11.
13. Emergency Department records dated 7/25/11.
14. Medical records from dated 7/26/11.
15. Texas Workers' Compensation Work Status Report dated 7/28/11 through 2/03/12.
16. Medical records from dated 9/02/11 through 12/22/11.
17. Fitting and Patient Acceptance Form dated 9/06/11.
18. Medical records from dated 9/06/11 through 12/22/11.
19. Denial documentation.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was working when he sustained a job-related accident on xx/xx/xx. This resulted in an injury to his left foot. On 1/05/12, the patient reported that he has experienced pain and limitations since the day of his initial injury. The patient reported that his average pain level is 8 on a scale of 1 to 10. He described the pain as sharp and throbbing. The pain is exacerbated by pushing, pulling, lifting, carrying, standing and walking for long periods of time. The patient's diagnoses included pain disorder associated with psychological factor and adjustment reaction. The patient's provider has requested authorization for initial work hardening program x 80 hours (97545) and initial work hardening program add-on (97546).

The URA indicated that the patient does not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the URA's initial denial stated that the best way to get an injured worker back to work is with a modified duty return-to-work program, rather than a work hardening/conditioning program. On appeal, the URA indicated that the patient's functional capacity evaluation documented function at a light-medium capacity, with a goal physical demand level of heavy. The URA noted that the job description for a stocker is a medium physical demand level. As such, there is not enough of a mismatch between testing and target to justify the requested services, per the URA.

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

Based upon the submitted medical records, the requested services are not medically necessary. This patient worked as a stocker at the time of initial injury. Per the submitted documentation, this job position requires a medium physical demand level. This patient's functional capacity evaluation documented function at the light-medium capacity. According to the Official Disability Guidelines (ODG), 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). In this case, there is not a significant mismatch between the patient's function and job position physical demand level to warrant a work hardening program. Further, according to ODG criteria, admission to a work hardening program requires that there are not psychosocial or significant pain behaviors that will likely prevent successful participation and return-to-employment after completion of a work hardening program. Based on the documentation provided, including the psychological evaluation documenting the patient's perceived pain levels, this patient has pain behaviors that would likely prevent successful participation in a work hardening program. All told, the requested services are not consistent with ODG criteria and therefore are not medically necessary for treatment of the patient's medical condition.

Therefore, I have determined the requested 97545 initial work hardening program x 80 hours and 97546 initial work hardening program add-on are not medically necessary for treatment of the patient's medical condition.

**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)