



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:**

02/19/13

**IRO CASE #:**

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

80 Hours of Work Hardening Program between 01/23/13 and 03/24/13

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

Board Certified in Chiropractics

**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.

80 Hours of Work Hardening Program between 01/23/13 and 03/24/13 – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

The patient sustained a work-related injury that occurred on xx/xx/xx, reporting he was injured when he was performing his necessary job responsibilities of doing repairs . He was trying to move units over to the assembly line and he left leg started to seize up and he stepped back.

When he stepped back, the right hamstring gave out. He blacked out and when he came to, he was being helped off the ground. He went to a medical bay onsite and was instructed to have a doctor's release to return to work. He reported that he had undergone several diagnostic tests and participated in passive and physical therapy, pain injection, individual psychotherapy sessions, a surgery, post-operative rehabilitation sessions and medication management. The patient continued to have pain in his lower back that radiated down his legs. A request was made for a work hardening program.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

- Correspondence, 02/16/12, 08/27/12
- Daily Progress Note, Injury Center, 02/22/12, 02/24/12, 02/28/12
- Designated Doctor Evaluation, 07/14/12
- Operative Report, Hospital, 09/28/12
- Individual Progress Note, 10/30/12, 11/12/12, 12/06/12
- Follow Up Evaluation, Associates, 11/01/12
- Patient Re-Examination, Injury Center 01/04/13
- Updated Consultation, 01/15/13
- Pre-Authorization Request for Work Hardening Program, D.C., 01/15/13
- Request for Pre-Authorization, Injury Center 01/16/13, 01/23/13
- Denial Letters, ESIS, 01/21/13, 01/28/13
- Reconsideration for Pre-Authorization Request, Dr. 01/22/13

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

This is a non-certification of the request for work hardening 80 hours.

The work hardening program is a tertiary return to work program and utilizes intensive healthcare resources. It was intended to recondition the injured worker physically and psychologically in order to facilitate return to work. By design, work hardening restores functional and work capacities through graded work simulation. The treatment team's judgment is critical regarding the attainability of the physical goals. These are not programs that are undertaken to avoid surgical procedures but are meant for patients who have completed all conservative and surgical treatment options, and are ready to return to work after functional restoration through the work hardening program. In this case, the patient received surgery after completing the work hardening program. As pointed out by previous reviews of the request for work hardening, there are questionable areas of concern that casts doubt on the probability of success with the intensive and expensive tertiary program. The patient does not need to attend work hardening to get stronger as an intermediate level of strengthening would be sufficient to elevate the claimant to a higher physical demand level. As with all intensive rehab programs, measurable functional improvement should occur after initial participation in work hardening to support the additional program sessions. This did not occur and the patient completed a four week course (160 hours) of work hardening and then was recommended for surgery.

Rule #6) Rule out surgery: The claimant 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). This apparently did not occur as the patient completed a four week course of work hardening without the need for surgery ever being addressed until the

completion of the program. In this case, the treatment team's judgment regarding the attainability of physical goals was not realistic.

Rule #10) Drug Problems: There should be documentation that the patient's medication regimen will not prohibit them from returning to work. If this is the case, other treatment options may be required. This patient is on medications that will not allow him to return to the work place.

Rule # 21) Repetition: Upon completion of the rehabilitation program, neither re-enrollment in nor repetition of the same or similar rehabilitation program, is medically warranted for the same condition or injury. This rule or criteria exists because many of the activities in these programs are duplications or repetitions of what was already done. Failure in one of these programs is predictive of failure in the others. In this case, the patient failed his work hardening program of four weeks duration. That is predictive of failure in further tertiary programs regardless of surgery or other interventional procedures.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**