

**IRO NOTICE OF DECISION – WC**



Notice of Independent Review Decision

**April 14, 2014**

**IRO CASE #:**

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

10 sessions of Work Conditioning for the left shoulder

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

American Board of Orthopaedic Surgery

**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 medical necessity exists for each of the health care services in dispute.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

11-14-13 Physical Therapy Re-Evaluation.

11-15-13 Pre-Authorization/Drug Voluntary Certification Request.

12-12-13 Physical Therapy Re-Evaluation.

12-13-13 for Pre-Authorization: Request: Concurrent physical therapy-left shoulder 8 visits. He recommended a denial of the request therapy. First, the requested physical therapy exceeds the recommendations of the Official Disability Guidelines. Second, after 44 sessions of supervised physical therapy, that included a great deal of 1-on-1 guided therapeutic exercise the patient should be well-versed in self-treatment strategies and home exercises. Third, additional supervised therapy is unlikely to outperform compliance with a home program.

12-13-13 Pre-Authorization/Drug Voluntary Certification Request.

1-29-14 Functional Capacity Evaluation shows the claimant is functioning at a Medium PDL.

2-13-14 for Pre-Authorization: The claimant reported a left shoulder injury on xx/xx/xx. Patient was diagnosed with a "rotator cuff rupture." The summary page indicates the patient underwent rotator cuff repair and subacromial decompression on 6-6-13. The op report was not included for review, the patient completed 44 sessions of post op physical therapy between 6-6-13 and 12-12-13. Patient is 8 months post op. The records include a functional capacity evaluation dated 1-29-14. Patient was functioning at a Medium physical demand level and the job requires a Heavy physical demand level. The therapist recommended a 15-sessions/45-60 hour Work Conditioning Program. The cover letter indicates the provider is recommending a 12-visit Work Conditioning Program. Rationale: While a Work Conditioning Program is reasonable in this case, the treatment intensity must stay consistent with the Official Disability Guidelines. The guideline recommends a 10-session program not to exceed 30 hours.

2-14-14 Pre-Authorization/Drug Voluntary Certification Request.

2-19-14 Management Fund acting as the utilization review agent on behalf of Risk Pool has reviewed the information received regarding the above named employee: The recommendation is to deny the requested service (s). See page two for the denied service (s). Decisions for preauthorization or concurrent review are based solely on whether the proposed service (s) is medically appropriate. This decision was provided by a Texas licensed practicing health care provider. A reasonable opportunity was afforded to the requester to discuss the URA's decision with the health care provider performing the review. The requester or employee may request reconsideration of denial within 30 days of written notification. Reconsideration requests may be submitted. In the event of continued denial following

reconsideration, the requester may file a request for an independent review in accordance with Rule 133.305 and Rule 133.308. An IRO request form may be obtained from Department of Insurance.

**Adverse Determination and Independent Review Organization Processes:** The Texas Department of Insurance, Division of Workers' Compensation (DWC), has adopted the Official Disability Guidelines (ODG) for treatment guidelines that are evidence based, scientifically valid and outcome-focused per Rule 137.100. The Official Disability Guidelines is used during the preauthorization review however other evidence based, scientifically valid and outcome-focused guidelines may have also been applied. If evidence based guidelines are not available for the particular healthcare being requested, generally accepted standards of medical practice recognized in the medical community are utilized. A request for a review by an Independent Review Organization (IRO) form must be completed by the injured employee, the injured employee's representative, or the injured employee's provider of record. It must be returned to the insurance carrier or Utilization Review Agent (URA) that made the adverse determination to begin the independent review process. A request for IRO of an adverse determination must be received no later than the 45th calendar day after receipt of denial of reconsideration. This is to be consistent with Rule 133.308.

2-19-14 Utilization Management Department: Deny 12 sessions of Work Conditioning for the left shoulder. The claimant reported a left shoulder injury on xx/xx/xx. Patient was diagnosed with a "rotator cuff rupture." The summary page indicates the patient underwent rotator cuff repair and subacromial decompression on 6/6/13. The operative report was not included for review. Patient completed 44 sessions of post-operative physical therapy between 6/6/13 and 12/12/13. Patient is eight months post-operative. The records include a functional capacity evaluation dated 1/29/14. Patient was functioning at a Medium Physical Demand Level and the job requires a Heavy Physical Demand Level. The therapist recommended a 15-session/45-60 hour Work Conditioning Program. The cover letter indicates the provider is recommending a 9-12 visit Work Conditioning Program.

2-19-14 Consult Request Form.

2-24-14 Pre-Authorization/Drug Voluntary Certification Request.

2-25-14 Fax coversheet TML appeal acknowledgement.

2-25-14 Fax coversheet appeal acknowledgement.

2-25-14 Appeal/Reconsideration Acknowledgement Letter: Requested services: Appeal work conditioning.

2-25-14 for Pre-Authorization: (Left Shoulder Work Conditioning 10 visits/30 hours). After reviewing the documentation, he would not agree to the request. He is reportedly functioning at the medium level but the FCE was not computable with maximum effort. He noted that it was stated he was unable to lift 10 lbs overhead. This would be a physiological improbability. Better insight is gained with noting the physiological monitoring. His heart rate change is not consistent with full effort nor significant pain. He did not reach 75% of submaximal heart rate. Thus, his true capacity exceeds the reported medium PDL, he saw no medical necessity for the requested program.

3-3-14 Fax coversheet.

3-3-14 Fax coversheet.

3-3-14 performed a Medical Review. It was his opinion that the claimant is reportedly functioning at the medium level but the Functional Capacity Exam (FCE) was not compatible with maximum effort. He noted that it was stated he was unable to lift 10 lbs overhead. This would be a physiological improbability. Better insight is gained with noting the physiological monitoring. His heart rate change is not consistent with full effort or significant pain. He did not reach 75% of submaximal heart rate. True capacity exceeds the reported medium PDL. There does not appear to be medical necessity for the requested program (Work Conditioning Program).

3-23-14 Request Form: Request for a review by an Independent Review Organization.

3-27-14 Fax coversheet to: IRO submittal Utilization Management submittal.

IRO Request Details: Your Request has been successfully submitted.

3-28-14 Fax coversheet IRO Notice of Assignment.

3-28-14 Notice to Claims Eval of Case Assignment: Please make a note of the deadline for issuing the determination in the referenced IRO case number. If the IRO cannot meet this deadline, the IRO must notify the URA/IRO Section as soon as possible. Upon notification, we will attempt to assist you to meet the deadline.

4-2-14 Fax coversheet to Claims Eval Utilization Management documentation.

4-2-14 performed a Medical Review. It was her opinion that the medical necessity for 10-12 sessions of Work Conditioning Program for the left shoulder. in a patient who is already functioning at medium PDL capacity and based on FCE was not compatible with maximum effort confirmed by physiological monitoring, at this time is not substantiated.

Mail Envelope Management Fund.

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

Medical records reflect a claimant status post rotator cuff repair and subacromial decompression on 6-6-13. The claimant completed 44 sessions of post-operative physical therapy on 12-12-13. The claimant had a Functional Capacity Evaluation that showed he was functioning at a Medium Physical Demand Level and the job requires a Heavy Physical Demand Level. It was also noted that the claimant provided submaximal effort during this test. Medical records reflect that approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following components: (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work; (b) Review of systems including other non work-related medical conditions; (c) Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury. Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also 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 a work hardening program. Development of the patient's program should reflect this assessment. It is also noted that a specific defined return-to-work goal or job plan needs to be established, communicated and documented. There is no indication that this claimant has met ODG recommendations to be admitted to a work conditioning program. There has not been a multidisciplinary evaluation, that he has a job to return to or goal oriented plans. Therefore, 10 sessions of Work Conditioning for the left shoulder is not reasonable or medically necessary.

**ODG 2014 Criteria for admission to a Work Hardening (WH) Program:**

- (1) Prescription: The program has been recommended by a physician or nurse case manager, and a prescription has been provided.
- (2) Screening Documentation: Approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following components: (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including

medications), history of previous injury, current employability, future employability, and time off work; (b) Review of systems including other non work-related medical conditions; (c) Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury. Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also 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 a work hardening program. Development of the patient's program should reflect this assessment.

(3) 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).

(4) 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.

(5) Previous PT: There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches.

(6) 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).

(7) 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.

(8) 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.

(9) RTW plan: A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.

(10) Drug problems: There should be documentation that the claimant's medication regimen will not prohibit them from returning to work (either at their previous job or new employment). If this is the case, other treatment options may be required, for example a program focused on detoxification.

(11) Program documentation: The assessment and resultant treatment should be documented and be available to the employer, insurer, and other providers. There should be documentation of the proposed benefit from the program (including functional, vocational, and psychological improvements) and the plans to undertake this improvement. The assessment should indicate that the program providers are familiar with the expectations of the planned job, including skills necessary. Evidence of this may include site visitation, videotapes or functional job descriptions.

(12) Further mental health evaluation: Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning.

(13) Supervision: Supervision is recommended under a physician, chiropractor, occupational therapist, or physical therapist with the appropriate education, training and experience. This clinician should provide on-site supervision of daily activities, and participate in the initial and final evaluations. They should design the treatment plan and be in charge of changes required. They are also in charge of direction of the staff.

(14) 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.

(15) Concurrently working: The patient who has been released to work with specific restrictions may participate in the program while concurrently working in a restricted capacity, but the total number of daily hours should not exceed 8 per day while in treatment.

(16) Conferences: There should be evidence of routine staff conferencing regarding progress and plans for discharge. Daily treatment activity and response should be documented.

(17) 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.

(18) Post-injury cap: The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two-years post injury generally do not improve from intensive work hardening programs. If the worker is greater than one-year post injury a comprehensive multidisciplinary program may be warranted if there is clinical suggestion of psychological barrier to recovery (but these more complex programs may also be justified as early as 8-12 weeks, see [pain](#) ).

(19) Program timelines: These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall

within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.

(20) Discharge documentation: At the time of discharge the referral source and other predetermined entities should be notified. This may include the employer and the insurer. There should be evidence documented of the clinical and functional status, recommendations for return to work, and recommendations for follow-up services. Patient attendance and progress should be documented including the reason(s) for termination including successful program completion or failure. This would include noncompliance, declining further services, or limited potential to benefit. There should also be documentation if the patient is unable to participate due to underlying medical conditions including substance dependence.

(21) 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.

ODG Work Conditioning (WC) Physical Therapy Guidelines

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also \_ for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.

**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)**