



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:**

04/09/14

**IRO CASE #:**

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

97545 Work Hardening Program; Initial 2 hours  
97546 Work Hardening; Each Additional Hour  
(10 Additional sessions – 80 hours)

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

Board Certified in Physical Medicine and Rehabilitation

**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.

97545 Work Hardening Program; Initial 2 hours – UPHELD  
97546 Work Hardening; Each Additional Hour – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The date of injury is listed as xx/xx/xx. She lost her balance and twisted the left hip region. The records available for review indicated that she did not sustain a fall.

The patient received a medical evaluation on 09/22/13. On that date, there were symptoms of pain described as 7 on a scale of 1 to 10. She was diagnosed with a strain of the affected body region. It was felt that she was capable of work activities without restrictions.

A medical evaluation was conducted on 09/25/13. It was recommended that ice and heat be provided to the affected body region. The patient was provided a prescription for ibuprofen and Ultracet.

A medical evaluation was conducted on 10/02/13. On that date, it was recommended that the patient receive access to treatment in the form of physical therapy services.

On 10/11/13, a medical evaluation was obtained at which time the patient was with symptoms of pain described as 7 on a scale of 1 to 10. It was recommended that she partake in physical therapy.

A medical evaluation was conducted on 10/23/13. It was recommended that the patient receive treatment in the form of physical therapy services.

On 10/22/13, the patient was evaluated by a chiropractor. It was recommended that the patient receive access to treatment in the form of physical therapy.

The records available for review would appear to indicate that the patient received at least twelve sessions of physical therapy services from 10/30/13 to 12/09/13.

The patient received an evaluation on 11/07/13. There was documentation of good strength in the lower extremities. She was provided a prescription for Flexeril, tramadol, and ibuprofen.

On 11/19/13, evaluated the patient, at which time it was documented that she had received six sessions of physical therapy services and she was noted to be within improvement in range of motion of the affected body region.

reassessed the patient on 12/11/13. It was recommended that she utilize a TENS unit to help with management of pain symptoms.

On 01/09/14, evaluated the patient at which time it was documented that a lumbar MRI scan was to be obtained.

On 01/10/14, the patient was evaluated. On that date, she was provided a prescription for a Medrol Dosepak, tramadol, ibuprofen, and Flexeril.

A lumbar MRI scan was obtained on 01/22/14. This study revealed evidence for multiple levels of disc bulging from the L3-L4 to the L5-S1 levels. There was a left-sided paracentral disc protrusion at the L4-L5 level associated with mild impression upon the traversing left L4 nerve root.

On 01/22/14, the patient was evaluated by a licensed counselor. It was thought that the patient was with behavioral issues that could be appropriately addressed in a multidisciplinary program.

A Functional Capacity Evaluation was accomplished on 01/23/14. The assessment appeared to be a valid study. The assessment revealed that the patient appeared capable of light duty work

activities. The records available for review indicate that she did receive access to treatment in a work hardening program.

The patient was evaluated on 02/06/14. On this date, she was provided a prescription for Ultracet, Motrin, and Flexeril.

A Designated Doctor Evaluation was conducted on 03/20/14. On that date, the patient was documented to be with a medical condition of a left hip strain. This physician placed the patient at the level of maximum medical improvement.

A Functional Capacity Evaluation was accomplished at the request and the study disclosed that the patient was capable of sedentary physical activities.

The records available for review indicated that by 03/03/14 the patient had completed ten sessions of a work hardening program.

The patient was evaluated on 03/07/14. On this date, the patient was provided a prescription for Ultram and Motrin.

dictated a note on 03/10/14. It was documented that the patient had completed ten sessions of a work hardening program. It was documented that the patient was with a pre-injury work activity of a medium duty level. It was documented that she commenced the program at a light duty level and, after ten sessions of treatment in the program, she was with an ability to perform light-medium work activities. It was documented that pain symptoms with activity had decreased from 3 on a scale of 1 to 10 to 2 on a scale of 1 to 10.

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

For the described medical situation, the Official Disability Guidelines would not support a medical necessity for treatment in the form of a work hardening program at this time. This reference does support consideration of treatment in the form of a work hardening program as a means of returning an individual to a pre-injury work activity level in certain instances. However, in this particular case, this reference would not support a medical necessity for ten additional sessions (80 hours) of treatment in a work hardening program. The described mechanism of injury would be expected to result in what would be musculoskeletal strain of the affected body region. As a general rule, such an extensive program is not required for such a medical situation. It is documented that previous treatment did include ten sessions of treatment in a work hardening program. However, after ten sessions of treatment in such a program, functional capabilities did not improve by full grade. Thus, there was not a sufficient improvement in functional capabilities to justify medical necessity for ongoing treatment in the form of a work hardening program. Also, there are inconsistencies in documented functional capabilities as a past Designated Doctor Evaluation was accomplished, at which time a Functional Capacity Evaluation was requested and this study reportedly revealed that the claimant was capable of sedentary work activities. As such, there would appear to be documentation of inconsistent results with respect to past assessments of functional capabilities. As a result, based upon the records presently available for review and with application of the criteria set forth by the Official Disability Guidelines, presently, medical necessity for additional treatment in the form of ten sessions of a work hardening program is not established.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**