

# AccuReview

An Independent Review Organization

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## Notice of Independent Review Decision

**[Date notice sent to all parties]:** August 28, 2014, Amended September 11, 2014

**IRO CASE #:**

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

80 Hours of Work Hardening Program (right hand/wrist)

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

This physician is Board Certified in Rehabilitation and Physical Medicine with over 26 years of experience.

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

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

The claimant is male with a date of injury of xx/xx/xx. As he attempted to break his fall he used his hands and his wrist bent backward in full dorsiflexion. Claimant stated that he did seek medical attention that same date with an employer related facility and given a diagnosis of right wrist sprain, given a splint and a prescription for anti-inflammatories and returned to light duty. Claimant stated that the pain progressed on the next 1-2 weeks and after x-rays and MRI were inconclusive for a fracture. He was placed in a cast for a period of time and is now status post 8 physical rehabilitation sessions and then subsequently returned to full duty without restrictions and continued to complain of pain.

05-27-14: History & Examination, Work Hardening Program. Claimant is now status post 4/4 physical rehabilitation sessions and status post FCE on 5/9/2014.

He has a work occupational demand PDL of medium and at this time is testing at a PDL of light. He has shown significant improvement from the physical rehabilitation sessions. Medications: ibuprofen 200mg. PE: Musculoskeletal: The right wrist is in a short arm splint at this time. There is significant decreased active ROM of the wrist secondary to pain. In addition, there is tenderness to palpation over the soft tissue structures of the wrist joint. MRI 7/27/13: impression: 1. Triquetral bony contusion directly underlying a superficial soft tissue marker without definitive fracture identified by MRI recommend correlation with radiographs to exclude punctate fracture as punctate osseous detail is mildly limited on this MRI exam. 2. The extensor compartment mild tenosynovitis. 3. Remote nonunited of harnate fracture. 4. Extensor copy unless mild degenerative tendinopathy. 5. Small nonspecific distal radial ulnar joint effusion. Impression: Right wrist sprain. Plan: UDS ordered, WHP ordered, claimant medically cleared for WHP, psychological evaluation and intake ordered, follow up in one month.

05-27-14: Evaluate & Treat. Evaluate & treat: work hardening.

06-02-14: Initial Behavioral Medicine Evaluation. Claimant reported pain 1/10 with medication and average pain 2/10 since date of injury. He describes having aching pain in his right wrist with sharp stabbing pain when pressure is applied to it. The pain interferes with recreational, social, and familial activities as 1/10 and interference with work 4/10. He is currently off work. Mental Status Examination/Clinical Observation/PSRS: When asked to quantify his symptoms numerically, he revealed the following: irritability and restlessness, 2/10; frustration and anger, 2/10; muscle tension/spasm, 3/10; nervousness and worry, 6/10; sadness and depression, 1/10; sleep disturbance, 6/10; and forgetfulness, 1/10. BDI-II=13, mild depression; BAI=6, minimal anxiety. FABQ showed significant fear avoidance of work (FABQ-W=36) as well as significant fear avoidance of physical activity in general (FABQ-PA=16). Diagnosis: 296.21 major depressive disorder, single episode, mild due to loss of normal functioning and pain; 300.82 somatic symptom disorder, with predominant pain, persistent, moderate. Secondary problem: the work accident pain and ensuring functional limitations have caused this claimant's disruption in lifestyle and disturbances in sleep and mood. The claimant appears to have been functioning independently prior to the work injury of DOI: xx/xx/xx. Treatment Recommendations: Claimant would greatly benefit from participation in the Work Hardening Program. This can further work to reduce disturbances in mood and help with psychological stressors by providing the interdisciplinary methods of a return to work program. We expect that this level of treatment will create a very positive response in his physical rehabilitation and accelerate his recovery while simultaneously resolving psychosocial stressors and developing a plan to expedite his return to normal functioning.

06-03-14: FCE. Work Category: The claimant could not completely perform in the 25-50 pound medium lifting category on an occasional basis on the PILE lifting protocol. Therefore, the claimant must be listed in the light lifting category and

should be restricted to no more than 20 pounds of dynamic lifting on an occasional basis and 10 pounds on a frequent basis. Assessment: Claimant has made objective improvements in the following area since last evaluation: static strength, dynamic lifting, functional specific testing, NIOSH and hand grip. He demonstrates functional deficits on evaluation today that would benefit from additional medical attention, including therapy and/or diagnostic testing. The claimant cannot safely perform job demands based on comparative analysis between their required job demands and their current evaluation outcomes. Recommendations: FCE indicates that claimant cannot safely perform their occupational full time/full duty job demand PDL of Medium, currently PDL is Light. The claimant would benefit from an 80 hour trial in the Work Hardening Program to further strength and improve functional capabilities as well as improving pain coping mechanisms. The claimant will benefit from continued care with their treating doctor.

06-18-14: UR. The treatment has been recommended as medically necessary for 80 hours of work hardening. The claimant is appropriate for a trial of work hardening at this time. PT has been exhausted and there is documentation that other appropriate treatment has also been exhausted – 6/2/14. The claimant's job requirement is a Medium PDL. Adequate evaluations are noted. The employer will not rehire if there are work restrictions. No problems with medication usage or excessive pain behavior are noted. It is somewhat unclear why this claimant with a Master's degree has been working as a driver; but it is assumed that such will be considered in vocational counseling/planning during the program. Recommend approval.

07-07-14: PPE. Claimant has currently completed 7/10 days of WHP. He presented with right wrist pain 2/10. Claimant continues to be listed in the Light PDL due to not completely able to perform in the 25-50 pound medium lifting category on an occasional basis on the PILE protocol. Assessment: Claimant has made objective improvements in the following area since last evaluation: ROM, dynamic lifting, NIOSH and hand grip. He was able to nearly complete the entire test and shows improvement with many of their subjective complaints and objective findings from the initial evaluation. He has also demonstrated improvement with their functional activities. However, they continued to demonstrate ongoing symptomatology and dysfunction at this time. The claimant demonstrated functional deficits on evaluation today that would benefit from additional medical attention, including therapy and/or diagnostic testing. HE cannot safely perform his job demands based on comparative analysis between his required job demands and his current evaluation outcomes. Recommendations: Today's PPE indicated that the claimant cannot safely perform their occupational full time/full duty job demand PDL of Medium. He would benefit from continuation of WHP with an additional 80hours/10 days to further strengthen and improve functional capabilities as well as improving pain coping mechanisms. He should be able to perform his duties and meet the PDL with the additional 80 hours/10 days of participation in the WHP.

07-11-14: UR. Reason for denial: The psychological component in this case was mild prior to the start of his work hardening pre record of 6/13/2014 (e.g., BDI-II=13 which is at the high end of the minimal range for depression and BAI=6 which is minimal range for anxiety) with a significant fear avoidance of work. The claimant has made significant gains through the program per record of 7/8/2014, with depression and anxiety within normal limits with treatment goals for fear-avoidance beliefs having been met (FABQ-W=27 and FABQ-PA=12). He has also made progress physically, although still only achieving a light PDL, while medium PDL is required for his job. Based on these records, the barrier is not psychological. He is currently considered light PDL despite quite good psychological functioning. He has sufficiently met his psychological, pain reduction and fear avoidance goals through the completed course of work hardening. The remaining barrier to return to work without restriction at this point appears to be specifically physical. This alone does not warrant an additional 80 hours of work hardening per ODG guidelines. Therefore, the request for 80 hours work hardening is non-certified.

07-13-14: Reassessment for Work Hardening Program Continuation. Diagnosis: 296.21 major depressive disorder, single episode, mild due to loss of normal functioning and pain, 300.82 somatic symptom disorder, with predominant pain, persistent, moderate. Treatment Recommendation/Plan: Recommend that the claimant continue to participate in a Work Hardening Program as he has exhausted conservative treatment yet continues to struggle with pain and functional problems that pose difficulty to his performance of routine demands of living and occupational functioning. Thus, it is recommended that the claimant be approved for continued participation in WHP in order to further increase his physical and functional tolerance and to facilitate a safe and successful return to work.

07-23-14: Reconsideration: Continuation Work Hardening Program Pre-Authorization request. The claimant's progress in the program is evidence that he did and continues to have a psychological competent to his injury as his scores decreased by having participated in work hardening which has addressed these issues. Of significant was his decrease in having less fear avoidance to return to work and engage in physical activity. The only score that increased was frustration. By staying in this program we can ensure that he maintains gains made in the program and offer him support to get better and return to work. He is planning to return to his same position and same employer. Diagnosis: 296.21 major depressive disorder, single episode, mild, 300.82 somatic symptom disorder, with predominant pain, persistent, mild. Medication: ibuprofen 200mg prn. Pre-WH PDL: light; Current PDL: light; Required PDL: medium.

07-29-14: UR. Reason for denial: The clinical indication and necessity of this procedure could not be established. Offered diagnoses continue to be major depressive disorder and somatic symptoms disorder with predominant pain. It is unclear when the claimant finished the first 80 hours and what the current presentation is at the time. There was reportedly "moderate improvement"; but

performance is still in the Light category (claimant's job requirement is Medium PDL). It is somewhat unclear why this claimant with a master's degree has been working as a driver with a heavy PDL requirement; and approval of the initial part of this program alluded to the need to address this; however, there is no further documentation on this issue in any vocational counseling/planning during the program. In addition, a 5/6/14 "employer contact" notes that there is an "alternate job available"; yet it is unclear why the claimant is not working. There is inadequate documentation on the relevant functional improvements, i.e., with the right hand and wrist. The only parameter relevant is a reported modest increase in strength in that hand. General conditioning and the overall assessment of PDL are not relevant here as the functional use and output with the right wrist and hand – on provocative testing and importantly in relevant ADL and job simulation – neither of which is reported. The previous review of this request offered that the claimant's dysfunction was not related to any psychological impairment or aberration. There is no behavioral assessment done; ADL is not documented; and "pain" scores are irrelevant to this. There are various subjective "score" reports and brief psychometric test scores, which are not valid for this presentation. Despite popularity of the BAI and BDI, there are insufficient peer reviewed post-market reliability, empirical validity (concurrent or predictive), and normative data on these screening instruments to render appropriate sensitivity and specificity for assessment of patients with chronic benign pain. The validity of the FABQ for the current pain presentation (both empirically and on its face) is highly questionable, resulting in a likely inflated estimate of the claimant's dysfunction and disability. There is no evidence that the claimant's current dysfunction is materially influenced by psychological or behavioral factors. Unable to establish a basis that continuing this treatment is both reasonable and necessary at this time. Non-certification is recommended.

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

The previous adverse determinations are agreed with and upheld. Denial of an additional 80 hours of work hardening since after completion of 80 hours, there is documented clearance of psychological barriers to recovery, plateau of physical progress, and lack of documentation of counseling for alternative vocational planning. Therefore, after reviewing the medical records and documentation provided, the requested 80 Hours of Work Hardening Program (right hand/wrist) is denied.

Per ODG:

<p>Work conditioning, work hardening</p>	<p><b>Criteria for admission to a Work Hardening (WH) Program:</b>  (1) <i>Prescription:</i> The program has been recommended by a physician or nurse case manager, and a prescription has been provided.  (2) <i>Screening Documentation:</i> 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-</p>
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	<p>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.</p> <p>(3) <i>Job demands</i>: 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).</p> <p>(4) <i>Functional capacity evaluations (FCEs)</i>: 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.</p> <p>(5) <i>Previous PT</i>: 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.</p> <p>(6) <i>Rule out surgery</i>: 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).</p> <p>(7) <i>Healing</i>: 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.</p> <p>(8) <i>Other contraindications</i>: 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.</p> <p>(9) <i>RTW plan</i>: 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.</p> <p>(10) <i>Drug problems</i>: 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.</p> <p>(11) <i>Program documentation</i>: The assessment and resultant treatment should be documented and be available to the employer, insurer, and other providers. There should 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.</p> <p>(12) <i>Further mental health evaluation</i>: Based on the initial screening, further</p>
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	<p>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.</p> <p>(13) <i>Supervision:</i> 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.</p> <p>(14) <i>Trial:</i> 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.</p> <p>(15) <i>Concurrently working:</i> 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.</p> <p>(16) <i>Conferences:</i> There should be evidence of routine staff conferencing regarding progress and plans for discharge. Daily treatment activity and response should be documented.</p> <p>(17) <i>Voc rehab:</i> 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.</p> <p>(18) <i>Post-injury cap:</i> 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 <a href="#">Chronic pain programs</a>). Exceptions to the 2-year post-injury cap may be made for patients with injuries that have required long-term medical care; i.e., extensive burns, diagnoses requiring multiple surgical procedures, or recent (within 6 months) completion of the last surgery, for patients who do not have the psychological barriers to return to work that would qualify them for a CPM program. (L&amp;I, 2013)</p> <p>(19) <i>Program timelines:</i> 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.</p> <p>(20) <i>Discharge documentation:</i> 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.</p>
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(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 [Physical therapy](#) 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)**