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Notice of Independent Review Decision

September 2, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 Work Hardening Program 10 Days (80 hours) for work-related right shoulder and cervical spine injury as an outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a licensed chiropractor with over 18 years of experience.

REVIEW OUTCOME:

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

☒ Overturned (Disagree)

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 a female who was injured while working. She felt a sudden onset of pain in her right shoulder radiating up her neck to her head and down her body down to her groin and she found that she could not even move her hand because it was stuck open. She completed her shift, but the next morning the pain continued so she reported it to her manager.

07/29/2013: Initial Behavioral Medicine Assessment. **HPI:** states that she sustained a work-related injury to her right shoulder on xx/xx/xx. She was sent to the company doctor after work on 1/21/13 where X-rays were taken of her neck and right shoulder, she was given an icepack, OTC Tylenol, Biofreeze and 10 capsules of Cyclobenzaprine 10mg. Patient completed an initial physical therapy evaluation on 1/23/13 and completed 1 session of physical therapy on 1/28/13. Therapy was then placed on hold as patient underwent surgery on her left shoulder on 2/5/13 for a previous work-related injury with the same employer (DOI: xx/xx/xx). Per available medical records, patient saw orthopedic specialist

for her neck on 3/13/13 who indicated she had cervical radiculopathy and impingement syndrome, possible rotator cuff tear, right shoulder. re-requested MRI of the cervical spine and right shoulder since the initial request was denied. Patient saw orthopedic specialist for her right shoulder on 3/14/13. On 3/20/13 patient was approved for a change of treating doctors to her current treating doctor. MRI of the neck and right shoulder were completed on 4/16/13. Physical rehabilitation was requested denied since “claimant has already had 18 physical therapy visits previously.” On 5/23/13 patient saw specialist who recommended epidural steroid injections for her C-spine and noted if there was no improvement, she may be a candidate for cervical fusion surgery. Following an appeal of a second denial of physical therapy, was finally able to complete 8 therapy visits (for a total of 9 sessions). At the prese4nt time, has requested that be evaluated for behavioral health treatment due to her low mood, tearfulness, and distress over pain in her neck and right shoulder. **Present Medications:** Crestor 20mg tablet oral, ref: 0, Flexeril 10mg tablet oral, sig: one BID prn, 30 days, Qty: 60 Ref:0, Naproxen dr 500mg tablet delayed release oral, sig: one BID prn, 30 days, Qty: 60 ref:0, Norco 5-325mg tablet oral, sig: prn, ref:0, Paroxetine hcl 20mg tablet oral, sig:qd,ref: 0, Trazodone hcl 50mg tablet oral, sig:qhs, ref:0 **Pain Description:** Patient rates her pain 10/10 at worst and 9/10 daily. She describes pain as burning, stabbing along with heaviness in her right shoulder all the way up to the base of her skull. She also reports feeling pain throughout her spinal column down to her waist. She reports experiencing a throbbing pain in her right hand which is also numb with tingling particularly in the morning. With activity she experiences a burning pain throughout her back and extending into her right shoulder. When asked to quantify the level of interference her pain has on her recreational, social and familial activities, she rates these all as 10/10; for pain interference with normal activities as 9/10; and change in ability to work, 10/10. **Lifestyle changes related to the injury:** Ms. reports difficulties with the following ADL’s since her injury: self-grooming/self-care, performing household chores and yard work, cooking, exercising, driving, sitting for more than 15 minutes, standing for more than 10 minutes, walking for more than 15 minutes, reaching, bending, squatting, crawling, climbing stairs, and lifting/carrying objects. The patient explained these difficulties noting that it is now both difficult and painful for her to turn/move her neck; therefore she feels unsafe driving and attempts to avoid driving unless absolutely necessary.. Patient tearfully recounted feeling great desperation and being fed up with feeling so much pain in her body for so long as a result of her injuries. Ms. rates her level of overall functioning in life prior to the current injury at 60% and rates her current level of functioning at 5%.

06/05/2014: Follow Up Visit. **Physical Exam:** Patient presents for a follow up and refills. She does not want surgery and it has been cancelled. She is a good candidate for the work hardening program. Neck decreased ROM with some radiation to the right side off the shoulder and arm. Right shoulder significant decreased ROM and pain on internal and external rotation. Abduction 90° of flexion 80°. **Impression:** Right shoulder internal derangement cervical disc disease with probable right Radiculitis. Rule out right brachial plexus abnormality.

06/12/2014: Physical Performance Evaluation. **Assessment:** The evaluee cannot safely perform their job demands based in comparative analysis between their required job demands and their current evaluation outcomes.
Recommendations: 1. Any referrals the treating doctor feels is necessary that will help the evaluee's condition 2. The evaluee would benefit from continued care with their treating doctor to address residual deficits and possible aggravation of their current condition on an as needed basis. 3. According to the objective data the evaluee would greatly benefit from participating in a work hardening program which is designed, according to the individual's injury, to address the evaluee's physical and behavioral deficits, to improve tolerance to work-related positions, increase ROM, decrease pain, increase strength, educate, and help each individual to hopefully avoid any future injuries.

06/20/2014: Multidisciplinary Work Hardening Plan & Goals of Treatment. **Goals:** Increase work endurance, tolerance, and return to gainful employment. Decrease anxiety, decrease depression, increase an internal locus of control, resolve return to work barriers, and move forward to case closure. **Summary:** The patient sustained a work related injury. The patient has exhausted conservative courses of treatment and is unable to return to prior levels of functioning and work. An objective FCE and behavioral evaluation confirms necessity of this program. The patient requires a comprehensive occupational rehabilitation program for successful return to work and medical case closure. The patient has an agreed upon vocational goal. The patient has a targeted job to return to. The patient has met all accepted criteria for entrance into the comprehensive program. The patient meets all ODG guidelines for such an intensive rehabilitation program. The patient has a realistic opportunity to benefit from this program and should be admitted immediately.

06/23/2014: Initial Work Hardening Program Evaluation. **Diagnosis:** 300.82 Somatic Symptom disorder, with predominant pain, persistent, severe 296.24 Major depressive disorder, single episode, severe with psychotic features, with mood-congruent psychotic features, with anxious distress, with melancholic features. **Plan:** We concur with recommendation that the patient participate in a work hardening program as has exhausted conservative treatment and is too fearful to undergo neck surgery, yet continues to struggle with pain and functional problems that pose difficulty to her performance of routine demands of living and occupational functioning.

07/01/2014: UR. **Rationale for Denial:** This is a female who was injured on xx/xx/xx. The injured worker is documented as having a sustained an injury to the right shoulder. Previous conservative care has included ice packs, over-the-counter Tylenol, BioFreeze, and muscle relaxants. Physical therapy was also attempted and one session was completed, but therapy had been discontinued as the claimant underwent a surgery on the left shoulder for a previous work-related injury with the same employer that occurred on xx/xx/xx. The cervical spine is documented as having previously been authorized for cervical fusion. The injured worker elected not to undergo surgery and has canceled at this time. An MRI of the right shoulder was completed on April 16, 2013, but those results are not

provided. A diagnosis of internal derangement of the right shoulder is given. The injured worker was previously determined to be a surgical candidate for the cervical spine and surgery was authorized, but the injured worker elected to defer the surgery at this time. This would indicate that there is potential future surgery for this individual. Additionally, the results of the MRI of the right shoulder have not been provided, but a diagnosis of internal derangement has been given. As such, it is not clear that surgery is no longer an option for this individual, and the request is considered not medically necessary and recommended for non-certification.

07/18/2014: UR. **Rationale for Denial:** This claimant has a DOI of xx/xx/xx, which was an injury to the right shoulder. Treatment has included ice packs, OTC acetaminophen, BioFreeze, physical therapy, epidural steroid injections, and a course of psychotherapy. Pharmaceutical treatment includes Flexeril 10mg bid, fluoxetine 10mg, and tramadol 50mg bid. There has been shoulder surgery, as the left shoulder was injured prior to the right shoulder injury. Cervical spine surgery was refused, after being scheduled on two occasions, due to anxiety. The present request is for a 160 hr work hardening program. An FCE was submitted which showed a PDL of sedentary. Her prior job required a PDL of heavy. Subjective symptom rating on the FCE and across 8 major symptoms, all rated in the severe range, showed no significant improvement since 7/29/2013 on any measure. There was no discussion of ability to benefit from intervention, of barriers to improvement, or of just which job situation the work hardening program would focus. Finally, there has been participation in a full 160 hour chronic pain management program. The ODG states: “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.” Consistent with the original review, the requested service is not considered to be medically necessary and appropriate as related to the compensable injury based on the clinical information available for my review. As supported by the submitted clinical data and evidence-based criteria, the recommendation is made for non-certification of work hardening program.

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

The previous adverse determinations are overturned. This is a female who was injured at work on xx/xx/xx. On xx/xx/xx, the injured worker is documented as having a sustained an injury to the right shoulder and cervical spine. Previous conservative care has included ice packs, over-the-counter Tylenol, Bio Freeze, physical therapy, epidural steroid injections, and a course of psychotherapy. Pharmaceutical treatment includes Flexeril 10mg bid, fluoxetine 10mg, and tramadol 50mg bid. Based on the documentation and the report dated 7/29/2013 by LPC, the claimant underwent one physical therapy session prior to having surgery to her left shoulder on 2/5/2013 for a previous work related injury (DOI: xx/xx/xx). The claimant changed treating Doctors on 3/20/2013 requested

physical therapy but was denied since the claimant had undergone 18 visits of previous PT. The cervical spine is documented as having previously been authorized for cervical fusion. The injured worker elected not to undergo surgery and in the note dated August 8, 2014 expressed that she did not have help at home for recovery, and that she was fearful of the cervical surgery. An MRI of the right shoulder was completed on April 16, 2013, but those MRI results are not provided. A diagnosis of internal derangement of the right shoulder is given. For these reasons, 10 Work Hardening Program 10 Days (80 hours) for work-related right shoulder and cervical spine injury as an outpatient is medically necessary at this time and should be approved.

Per ODG:

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 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 Chronic pain programs). 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&I, 2013)
(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 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)**