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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
97545 Work Hardening Program; Initial 2 hrs, 97546 Work Hardening; each add'l hour for right ankle sprain

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The Reviewer is Board Certified in the area of Physical Medicine and Rehabilitation with over 16 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 a male who was injured on the job on xx/xx/xx while attempting to get up from his desk. As he was attempting to get up he began to feel an acute onset of pain in his right ankle region.

05/08/2014: Initial Evaluation. Claimant reports right ankle pain. Decreased ROM, dorsi flexion and plantar flexion. Patient reports pain of 8. Decreased strength and swelling. **Medications:** Metoprol, triamterene, tramadol, optikril. **X-ray:** Negative for fracture or dislocation**. Recommendations:** 1. No pt. 2. Medication: Naprosyn 500mg, Ultracet 37.5/325mg. 3. Injury precautions given. 3. Fx brace, boot.

05/12/2014: Follow-up Evaluation. Claimant reported boot is helping a lot. Overall symptoms have decreased. Antalgic gait has decreased. Pain level has decreased. Patient reports pain level 1. ROM has remained the same.

05/19/2014: Follow-up Evaluation. Patient reports little pain. Pain level 2. ROM has remained the same.

05/27/2014: Physical Exam. **Ankle foot Exam:** Right vascular intact. Inspection edema resolved. Bruising resolved. ROM plantar flexion full. Dorsi flexion full. Inversion full. Eversion full. Tenderness to palpation very mild ttp over Achilles insertion. Muscle testing full strength. Pain 1. Swelling has resolved.

01/09/2015: Physical Examination. **PE:** The right foot/ankle is noted for no evidence of any deformity, no edema, and no discoloration. There is full active ROM of the ankle joint with pain. There is mild to moderate tenderness to palpation over the lateral malleolus deltoid ligament. Otherwise patient is neurovascular intact. **Impression:** Ankle sprain/strain. **Plan:** Ordered USD, Physical rehabilitation, FCE ordered. **Medications:** Sulindac 200mg, Ultram 50mg.

01/19/2015: Functional Capacity Evaluation. **Assessment:** 1. The client has difficulty with this evaluation which may interfere with activities of daily living. 2. Evaluee demonstrates functional deficits on evaluation today that would benefit from additional medical attention, including therapy and/or diagnostic testing. 3. The evaluee is able to return to work with restrictions. **Recommendations:** 1. A psychological evaluation for the evaluee's emotional complications as a result of their injury and the surrounding problems with being off of work or work restrictions which includes but is not limited to the possibility of depression and a lack of self worth. 2. Any referrals the treating doctor feels is necessary that will help the evaluee's condition. 3. The evaluee would benefit from participating in an active physical rehab program. This program may be necessary in order to improve the evaluees condition/functional tolerance, decreased pain and get the area of injury more stable as to avoid further injury, or re-injure to the area. 4. The evaluee is unable to perform all of his regular job duties at this time. The evaluee's required PDL is VERY HEAVY, however, their current physical performance level is only functioning within the Medium level but has not satisfied full criteria of the Medium work demand load. The evaluee was not able to demonstrate the ability to perform several key functions crucial to the safe performance of their normal work duties and therefore should be listed in the Light lifting category.

01/27/2015: Report of Maximum Medical Improvement/Impairment. **Examination:** Upon general inspection of the right ankle and foot there is no swelling, edema, or muscle fasciculation's. There is no apparent deformity. Skin color and temperature ware within normal limits. **Tenderness**: There is point tenderness over the plantar surface of the calcaneal bone at the insertion of the longitudinal ligament. **ROM**: ROM of the right ankle is measured with a goniometer. There are limitations to movement associated with pain and restrictions. Dorsi Flex: 10, Plantar Flex: 30 Evers: 10, Invers: 20. **Conclusion:** The patient has not reached maximum medial improvement. The employee has completed 3 sessions of physical therapy and is making progress. The employee

is currently enrolled and participating in a physical rehabilitation program and making good progress.

02/05/2015: Physical Rehabilitation visit. This is the patients 6th day of rehab. Pain level is a 4/10 upon arrival. **Assessment:** Pain level decreased after rehab 2/10.

02/06/2015: Functional Capacity Evaluation. **Assessments:** The evaluee has objective improvements area since last evaluation: ROM, Static strength, Dynamic lifting, Functional specific testing, NIOSH, Hand and grip, Pinch grip, Dallas Pain questionnaire. The client has difficulty with this evaluation which may interfere with ADL. Evaluee demonstrates function deficits on evaluation today that would benefit from additional medical attention, including therapy and or diagnostic testing. The evaluee is unable to perform their regular job duties at this time. The evaluee required PDL is VERY HEAVY, however lifting only 40 pounds their current physical performance level is light. The evaluee was not able to demonstrate the ability to perform several key functions crucial to the safe performance of their normal work duties. The evaluee may be unable to perform some of their regular ADL's at this time. The evaluee's required PDL is VERY HEAVY, however lifting only 40 pounds his current physical performance level is light. The evaluee was not able to demonstrate the ability to perform several key functions which may be important to the safe performance of their normal ADL's as well as some of their work duties. **Recommendations:** 1. The evaluee should receive an MRI of the area of complaint and injury, if not already performed. 2. A psychological eval for the evaluee's emotional complications as a result of their injury, depending on the results of the MRI. 3. The evaluee might be a candidate and should be referred for surgical consultation, if they haven't been already, depending on the results of the MRI. 4. Based upon the objective data obtained from the most recent functional evaluation, the evaluee should continue with some of the continued active care to get their area of injury more stable as to avoid further injury or reinjury to the area. Care such as therapeutic exercise, active therapy or some form of vocational therapy such as a return to work program which is a designed, according to the evaluee's injury, to improve tolerance to work related positions, increase ROM, decrease pain, increase strength, educate and help each evaluee to hopefully avoid any future injuries.

02/11/2015: Follow up. Patient is now status post 6 or 6 physical rehabilitation sessions. He is status post and FCE on 2/6/2015. An RME with was done on 1/27/2015. It is professional opinion the patient has not met MMI. Reports of pain from right ankle. **PE:** Right foot/ankle is noted for no evidence of any deformity, no edema, and no discoloration. There is full active ROM of the ankle joint with pain. There is mild to moderate tenderness to palpation over the lateral malleolus deltoid ligament. Otherwise patient is neurovascular intact.

02/12/2015: Initial Behavioral Medicine Assessment. **Diagnosis:** Major depressive disorder, single episode, severe. Somatic Symptom disorder, with predominant pain, persistent. Based on the information gathered through the initial interview with our office and the patient's emotional presentation and verbal

report, we would determine that he work accident pain and ensuring functional limitations have caused this patient's disruption in lifestyle, leading to poor coping and maladjustment and disturbance in sleep and mood. The patient appears to have been functioning independently prior to the work injury DOI: xx/xx/xx. Thus, it is recommended that immediately authorized for 6 sessions of individual therapy.

03/04/2015: Individual Psychotherapy Note. **Diagnosis:** Major depressive disorder, Somatic Symptom Disorder. **Behavioral Observations:** Affect: Constricted, Mood: Anxious, Physical Presentation: Well-groomed, Attitude: Cooperative, Mental Status: Oriented x 5, Participation Level: Actively engaged. rated his pain level as a 4/10. Irritability/Restlessness: 9, Frustration Anger: 7, Muscle Tension: 7, Nervousness Worry: 8, Sadness Depression: 7, Sleep Problems: 9, Forgetfulness: 4. **Plan:** Continue to provide individual psychotherapy and work toward treatment goals.

03/10/2015: Patient Report of Work Duties. 1. Restrain youth 2. Paperwork 3. Wash laundry. 4. Counsel. 5. First Aid. 6. Break up fights. 7. Supervise meals and meds. 8. Escort to various activities.

03/19/2015: Evaluation for Work Hardening Program. **Medications:** Ambien 10mg, Bayer aspirin 325mg, Fish Oil 1000mg, Garlic 500mg, Hydralazine 25mg, Metoprolol 50mg, Triamterene 37.5mg. **Diagnosis:** Somatic Symptom disorder, with predominant pain, persistent, moderate, Major Depressive Disorder, single episode without psychotic features, Anxiety disorder NOS. Treatment/Plan: We concur with recommendation that the patient participate in a Work Hardening Program as 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. This, it is recommended that be approved for participation in the Work Hardening Program in order to increase his physical and functional tolerances and to facilitate a safe and successful return to work.

04/01/2015: UR. Rationale for denial: At the present time, for the described medical situation, Official Disability Guidelines would not support this specific request to be one of medical necessity. There is a lack of pathology on objective diagnostic testing accomplished after the date of injury to support a medical necessity for such an extensive program. Additionally, it would appear that conservative treatment has not been exhausted as previous treatment is documented to have included six sessions of physical therapy services. As a result, presently, medical necessity for this specific request is not established.

04/07/2015: Max Medical Improvement/Impairment. **Examination:** No swelling, edema, or muscle fasciculation's of the right ankle. ORM and function has improved since last evaluation. There is no deformity; skin color and temperature are within normal limits. There is a point of tenderness over the plantar surface of the calcaneal bone at the insertion of the longitudinal ligament. No muscle spasms noted in the lower extremity. Patient ambulates with normal gait within

assistive device. ROM: Dorsi Flex: 12, Plantar flex: 40, Invers: 20, Evers: 30. **Conclusions:** The patient has not reached maximum medical improvement. The employee has successfully completed 6 sessions of PT with good progress. The employee has not met his occupational demand level of heavy and is being transitioned into a work hardening program. The employee is expected to continue to make progress.

04/08/2015: Follow up. **PE:** The right foot/ankle is noted for no evidence of any deformity, no edema, and no discoloration. There is full active ROM of the ankle joint with pain. There is mild to moderate tenderness to palpation over the lateral malleolus deltoid ligament. Otherwise patient is neurovascular intact. Ambien 10mg, Bayer aspirin 325mg, Fish Oil 1000mg, Garlic 500mg, Hydralazine 25mg, Metoprolol 50mg, Triamterene 37.5mg, Ultram 50mg.

04/21/2015: UR. Rationale for denial: Recommended as an option, depending on the availability of quality programs, using the criteria below. The best way to get an injured worker back to work is with a modified duty Return to Work program, rather than a work hardening/conditioning program, but when an employer cannot provide this, a work hardening program specific to the work goal may be helpful. The Rationale for Denial is that there is lack of objective pathology and lower levels of care not exhausted. Requestor responded that patient has completed 9 sessions of PT. Has been terminated form his job. Also, patient only completed one session of psychotherapy because the psych condition was disputed. Determination: Not authorized.

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

Determination: denial of work hardening is UPHELD/AGREED UPON since there is lack of clinical information.
Other than an Xray soon after the injury now a year ago, there is no other diagnostic work up defining pathology and no documentation regarding pending procedures prior to progressing to more aggressive rehabilitation.
There is also an unexplainable gap in documentation of care from June, 2014 (with documentation of full ankle range of motion and strength) to January, 2015 with question regarding return to work during that time, or any intervening injury, or any change/increase in activity associated with resurgence of symptoms necessitating follow up care after 6 months of no documented care.
There is also question regarding the actual number of hours of work hardening requested.
There is question as to job availability with employer of injury,and if not, the motivation to return to the same kind of work, or other transferable skills and vocational goals.
There is notation of Major Depressive disorder, but question regarding psychometric testing to quantify severity, and if there has been medical consideration of necessity for psychometric medication to stabilize mood so as to maximize participation in and benefits from such an aggressive program.

There is also question regarding medications specific to management of symptoms related to this ankle injury - most notably Ultram and Ambien - the dosages, the actual frequency of use (other than just how prescribed) , their effectiveness, adverse side effects, aberrant behavior with use, any urine drug screens regarding compliance, dependency upon now given prolonged use, and necessity for medically supervised weaning. Therefore, the request for 97545 Work Hardening Program; Initial 2 hrs, 97546 Work Hardening; each add'l hour for right ankle sprain is non-certified.

ODG Guidelines:

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).
(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)**