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December 19, 2017

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of work-hardening program

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

Board certified in Orthopedic Surgery for over 10 years

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]:

Patient is a XXXX who was injured on XXXX presents with shoulder pain. XXXX was XXXX at work for XXXX and noted pain afterwards. XXXX started on Mobic and Tramadol. XXXX had no prior PT or injections and no symptoms prior to injury. MRI of the right shoulder shows evidence of a complete tear of the rotator cuff, type 2 defect, non-retracted, at junction of supra/infra; mild subscap atrophy.

XXXX – Operative Report-XXXX: Pre-op diagnosis: Recurrent right shoulder rotator cuff tear, type 2. Post-op diagnosis: 1) Recurrent right shoulder rotator cuff tear, type 2. 2) Retained deep implant. Procedures performed: 1) Right shoulder arthroscopy with deep implant removal. 2) Right shoulder arthroscopy with complex revision rotator cuff repair. Complications: There were no known intraoperative complications. Prognosis: Guarded given underlying nature of XXXX condition.

XXXX – Physician Notes-XXXX: Worker's comp follow up; chief complaint: right shoulder pain and shoulder evaluation. HPI: This is a right-handed patient who presents for shoulder evaluation. The patient has right shoulder pain. Symptoms are improved by rest and physical therapy. Persistent stiffness; PT asking if anchor in coracobrachialis. Pain with abduction/ER. Problems added: 1) Dx of pain due to internal prosthetic devices, implants and grafts, not elsewhere classified, subsequent encounter (ICD10-T85 84xD) (ICD-V58.89); 2) Dx of sprain of right rotator cuff capsule, subsequent

encounter (ICD10-S43.421D) (ICD-V58.89). Problem #1: Sprain of right rotator cuff capsule, subsequent encounter. Assessment: Improved. Discussed condition and options; rec continue PT-script given, continue home regimen; stretches for ER discussed; wean T4, continue Robaxin-script sent; f/u in 6 wks, earlier PRN; continue off work; possible FCE after next visit; all questions answered. Problem #2: Pain due to internal prosthetic devices, implants and grafts, not elsewhere classified, subsequent encounter. Assessment: Improved. Robaxin 500 mg tabs 1 po q6h prn spasm added to medication list this visit. Patient instructions: Please schedule a f/u appt for 6 wks; Instructions were given for pt to return to limited activities as tolerated; Patient is to remain out of work-note provided; Patient was instructed to take muscle relaxant medication only as directed and was informed not to drive or operate heavy machinery; Patient was instructed to take narcotic med only as directed and was informed not to drive or operate heavy machinery; Various non-surgical, surgical and alternative treatments were discussed thoroughly-The natural history and prognosis of the diagnosis was reviewed in detail; PT was ordered; Continue PT as instructed.

XXXX – Work Hardening Prescreen Evaluation-XXXX LPC: XXXX recently completed an initial eval at XXXX. The eval included the completion of psychological screening questionnaires. This preliminary screening is used to determine the need for psychological services to assist XXXX in coping with pain and/or injury related stress within a multi-disciplinary approach to occupational rehab. These results and summary provide information about current status and do not provide any mental health diagnosis. Test Results: XXXX indicates that XXXX is experiencing a mild level of pain (1/10). XXXX experiences minimal depression as reported by feelings of pessimism, loss of pleasure, and changes in sleeping pattern. XXXX indicated experiencing minimal anxiety as reported through numbness or tingling. XXXX scored 20/24 on the FABQ-Physical Activity scale and scored 34/42 on the FABQ-Work Activity scale. XXXX experiences pain that significantly affects XXXX vitality, as well as fear of re-injury. Physical Index indicated the following: Mobility: 25%; ADL: 50%; Vitality: 12% = 29. Affective Index indicated the following: Negative Affect: 18%; Fear 75% = 47. According to the Injury Impact Questionnaire XXXX states that XXXX can sometimes decrease XXXX pain with medications, ice packs, changing positions, relaxing XXXX muscles, and massage. XXXX estimated that XXXX is currently functioning at 50% of pre-injury levels. XXXX states that XXXX can participate in all of XXXX exercises. XXXX does not report suicidal ideation, having a plan or intent at this time. Recommendations: It is recommended XXXX treated in a work hardening program with a comprehensive multi-disciplinary treatment team approach. As a part of the work hardening program, the group therapy may provide XXXX with more tools to decrease pain. Discussing the impact of being injured with other program members often increases the sense of “normalcy” surrounding symptoms being experienced. Goals would include: increasing the use of internal methods of pain relief techniques, learning the difference between “hurt” versus “ harm” in conjunction with the treating team to increase self-efficacy of functioning through graded activities, verbalizing understanding of the relationship between better coping and improved functioning, understanding the relationship between emotional factors and physical symptoms, effective problem solving techniques, decreased reliance on medication, better emotional regulation, and return to work and productivity. XXXX will be monitored throughout the program to determine if additional psychological services may be required, including evaluation for chronic pain management due to somatic and emotional symptoms and pain-focused behaviors.

XXXX – Work Hardening Progress Note-XXXX: Diagnosis: Right rotator cuff sprain; Attendance: XXXX. Subjective: XXXX complained of 2-4/10 pain upon arrival. Patient drives XXXX to the clinic each way. Assessment: XXXX demonstrates decreased ROM, however appears to be progressing. XXXX feels it is progressing overall. XXXX is noted to have weakness with overhead lifting, however reported fewer symptoms with overhead lifting testing today. Overall XXXX demonstrates excellent motivation and effort with all activities when present. Will continue to progress towards XXXX established goals. Short term goals: 1) Decrease complaints of pain to 1/10; 2) Increase cardiovascular

fitness level to Fair; 3) Increase overhead lift to 20 lbs.; 4) Patient able to complete work-simulation activities for 35 minutes. Recommendations: It is recommended that XXXX continue the work hardening program 8 hours daily for 5 remaining authorized sessions to work towards established goals.

XXXX – Work Hardening Progress Note-XXXX: Diagnosis: Right rotator cuff sprain; Attendance: XXXX. Subjective: XXXX complained of 3-4/10 pain upon arrival. Patient reports that XXXX does feel that the program is helping; however, XXXX reports concerns of going back to work and getting re-injured. Assessment: XXXX demonstrates increasing ROM. XXXX is progressing with lifting/carrying activities. Received formal job description from XXXX which states that XXXX lifting requirements include XXXX. Goals have been modified to reflect job description parameters. XXXX is progressing weekly with XXXX lifting goals and would benefit from continued participation in the work hardening program in order to progress towards established goals. XXXX demonstrates excellent motivation when present and is motivated to continue the work hardening program. Short term goals: 1) Decrease complaints of pain to 1/10; 2) Increase cardiovascular fitness level to Fair; 3) Increase lifting up to 85 lbs.; 4) Patient able to complete work-simulation activities for 45 minutes. Recommendations: It is recommended that XXXX continue the work hardening program 8 hours daily for an additional 10 sessions to work towards established goals.

XXXX – Work Hardening Progress Note-XXXX: Diagnosis: Right rotator cuff sprain; Attendance: XXXX. Subjective: XXXX complained of 3-4/10 pain upon arrival. Patient reports some increased soreness since arriving back to the program but reports motivation to progress. Assessment: XXXX demonstrates increasing ROM. XXXX is progressing with lifting/carrying activities. Will continue to progress patient towards established goals. Short term goals: 1) Decrease complaints of pain to 1/10; 2) Increase cardiovascular fitness level to Fair; 3) Increase lifting up to 85 lbs.; 4) Patient able to complete work-simulation activities for 45 minutes. Recommendations: It is recommended that XXXX continue the work hardening program 8 hours daily for remaining 6 authorized sessions to work towards established goals.

XXXX – Work Hardening Progress Note-XXXX: Diagnosis: Right rotator cuff sprain; Attendance: XXXX. Subjective: XXXX complained of 3-4/10 pain upon arrival. Patient drives XXXX to the clinic each way. XXXX was XXXX on XXXX, so XXXX did not come in on XXXX. XXXX reports when XXXX arrived back at the program XXXX was ‘sore’ but was able to continue participation in the program. Assessment: XXXX demonstrates progressing ROM each week. XXXX is progressing well with lifting activities, but continues to demonstrate the most difficulty with overhead lifting. XXXX progressed towards XXXX lifting requirements, but still unable to meet lift goal XXXX. XXXX demonstrates excellent motivation when present. Recommend XXXX participate in an additional 10 sessions to progress towards established goals. Short term goals: 1) Decrease complaints of pain to 1/10; 2) Increase cardiovascular fitness level to Fair; 3) Increase lifting up to 85 lbs.; 4) Patient able to complete work-simulation activities for 45 minutes. Recommendations: It is recommended that XXXX continue the work hardening program 8 hours daily for remaining 2 authorized sessions and recommend an additional 10 sessions to work towards established goals.

XXXX – Physical Therapy Notes-XXXX: Functional Capacity Evaluation. Date of surgery: XXXX Right shoulder supra/infra/subscap repair/revision of complex shoulder repair. History: Patient is a XXXX who was XXXX. The result of this effort damaged to prior surgical repair to the right shoulder. XXXX has endured 2 major surgeries to the right shoulder prior to this last injury. XXXX had repair to the infraspinatus, supraspinatus and the subscapularis. There was also a biceps tenodesis performed. Assessment: XXXX exhibited pain and weakness in right shoulder when attempting to perform overhead activities. One of the essential functions of XXXX job XXXX. Example: XXXX. XXXX. Currently XXXX would be at medical risk if XXXX were to perform that essential function.

XXXX – URA Determination-XXXX Clinical Summary: This is a XXXX who was injured on XXXX. The original mechanism of injury is described XXXX. The administrative documents indicate no history of physical therapy, injections, or symptoms prior to the injury. MRI of the right shoulder revealed evidence of a complete tear of the rotator cuff with mild subscapularis atrophy. The XXXX work-hardening program progress note indicates that the injured worker has completed 5 sessions of work-hardening program with documentation of improved ROM with the exception of external rotation where a 10 degree loss of motion is documented. Minimal strength gains were noted. Overall, the therapist notes that the patient is progressing and has some persistent weakness with overhead lifting. The XXXX note indicates that the injured worker has completed a total of 10 sessions of work-hardening. Further functional gains with regards to ROM are limited. Progress has been made with strength in regards to overhead lifting and maximum carry. Cardiovascular fitness, however, remains poor. The provider recommends an additional 10 sessions for a total of 80 additional hours. Of note, a total of 160 hours have previously been authorized. The report for XXXX indicates a recent XXXX which prevented attendance on XXXX. A total of 18 sessions have been completed. Overall improvement has been noted, but the injured worker had not yet achieved goals with regards to ROM or strength. The information does not indicate why the injured worker would be unable to transition to a home exercise program. Request: Continued Work Hardening daily x 2 weeks (10 sessions). 97545 Work Hardening; 97546 Work Hardening Add-On. On XXXX I had a peer-to-peer with XXXX, PTA, who stated the patient had an extensive rotator cuff repair. XXXX max lift goal XXXX; XXXX is not there yet, but XXXX has made progress with each week in the program. The goal is based on the job requirements. XXXX last lift test XXXX progressed XXXX. XXXX isit noted a XXXX. XXXX is very motivated and wants to go back to work. Goals are strengthening, lifting overhead and work simulating activities. XXXX doesn't know if XXXX will be able to do all the work simulation activities at home and this is the concern for a home exercise program. XXXX wants to make sure XXXX doesn't do anything incorrectly and cause a re-tear. Determination: Not medically necessary. The ODG supports the use of work-hardening and recommends up to a maximum of 160 hours. The documentation available indicates that 160 hours have previously been authorized. Exceptional factors warranting an additional 10 sessions have not been identified. Additionally, upon completion of the program, the guidelines recommend neither re-enrollment in nor repetition of the same program. When noting the duration previously completed and lack exceptional factors, the requested 10 sessions is considered not medically necessary.

XXXX – Physician Letter-XXXX: Diagnosis: Right rotator cuff sprain. Please reconsider the denial of XXXX to continue XXXX participation in a work hardening program. XXXX was most recently injured on XX while working at XX as XXXX. XXXX was XXXX caused XXXX to injure XXXX right shoulder. XXXX had previously injured the right shoulder, also while working at XXXX as XXXX in XXXX. On XXXX XXXX underwent a right shoulder arthroscopic repair for 3 tendons (supraspinatus/infraspinatus/subscapularis), an arthroscopic subacromial decompression, and a right shoulder bicep tenodesis. When XXXX continued to have pain, it was found that XXXX had sustained a re-current tear. On XXXX, XXXX underwent a second surgery to the right shoulder, which included an arthroscopic labral debridement, arthroscopic capsular release, subacromial decompression, and revision rotator cuff repair. XXXX attempted to return back to work at full duty; however, on XXXX, XXXX was attempting XXXX which caused XXXX to re-injure the right shoulder. XXXX underwent a third surgery to the right shoulder on XXXX, in which they performed a deep implant removal and a complex revision rotator cuff repair. Since the surgery XXXX attended the maximum allowed visits of PT, prior to being progressed into a work hardening program. XXXX had attended a total of 20 sessions of the work hardening program and was progressing well towards XXXX established goals. XXXX attended a Functional Capacity Eval on XXXX which showed XXXX was unable to perform the essential aspects of XXXX job. XXXX performed a max lift/carry up to 50 lbs. and a max overhead lift up to 12 lbs. XXXX demonstrated significant ROM deficits in the right shoulder: Flexion: 115 degrees, Abduction:

115, External rotation 65 degrees, and internal rotation of 30 degrees. On XXXX last day of the authorized sessions, XXXX had progressed XXXX lifting up to 82.5 lbs., carry up to 60 lbs., and overhead lifting up to 32.5 lbs. XXXX ROM improved to the following: Flexion: 160 degrees, Abduction: 160 degrees, External rotation: 70 degrees, and Internal rotation: 50 degrees. XXXX was demonstrating significant gains while attending the program. XXXX was denied continued access to the work hardening program due to the request exceeding the ODG guidelines and that factors warranting additional sessions have not been identified. However XXXX is not the typical shoulder patient. This patient has undergone three different rotator cuff repairs with a complex revision rotator cuff repair being XXXX most recent. XXXX had previously attempted to return back to work, which resulted in a re-tear of the previously torn tendons, which have caused XXXX to be out of work for another XXXX of recovery. The work hardening program helps to progress patients towards a return to work with a decreased risk of re-injury. The ODG are in fact 'guidelines' and each person's specific situations determining whether or not to continue the program. This patient has undergone 3 surgeries to XXXX right shoulder and should be considered an 'exceptional factor' as this patient is at higher risk due to XXXX history of significant surgeries. XXXX was an excellent candidate for the work hardening program and holding on XXXX treatment may keep XXXX from progressing towards a full return to work without restrictions in a safe and timely manner. Please reconsider the denial of XXXX to continue participating in the work hardening program. As this patient is highly motivated and was demonstrating significant gains, it is likely that it will help XXXX get back to XXXX previous activities without risk of new injuries to the right shoulder. Addendum (XXXX): XXXX was denied additional 10 sessions in the work hardening program due to the fact that XXXX is motivated when XXXX participates in the program, and that 'there is no basis for XXXX not being graduated to a home exercise program with a return to a work-based lifestyle.' XXXX does demonstrate, as reported to the peer reviewer, excellent motivation when present. XXXX is motivated to return to XXXX job. However XXXX job requires XXXX to work at times greater than 8 hours daily, and XXXX is unable to replicate this in a home environment. Here in the work hardening program, XXXX is in a closely monitored setting where XXXX does perform job-specific activities for up to 8-hour periods. This is something that cannot be replicated in a home environment. Why not get XXXX back to full duty in 10 more sessions rather than being off work for months with just a home exercise program. Please reconsider the denial of XXXX to continue the work hardening program in order to facilitate a safe and timely return to work without restriction.

XXXX – URA Re-Determination-XXXX: Diagnosis: Sprain of right rotator cuff capsule, initial encounter; S43.421A. Requested procedure: 97545 Work Hardening; 97546 Work Hardening Add-On; Continued Work Hardening daily x 2 weeks (10 sessions). Determination Notes: This XXXX man had a work injury on XXXX. XXXX has had 3 prior shoulder surgeries. XXXX has already had 20 sessions of the work hardening program. Given the therapist information of XXXX motivation there is no basis for XXXX not being graduated to a home exercise program with a return to a work-based lifestyle with a graduated return to full duty work. Thus, the need to continue a formal work hardening program for an additional 10 sessions is not approved as a medical necessity. Ref: ODG TWC – Shoulder chapter.

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

The request for ten sessions of a work-hardening program is denied.

This patient has completed 20 sessions of work hardening following a third rotator cuff repair on the right shoulder. This surgery was required after XXXX reinjured XXXX shoulder at work, tearing XXXX prior repair. At XXXX last session of work hardening, XXXX was able to lift up to 82.5 pounds, carry up to 60 pounds and overhead lift up to 32.5 pounds. XXXX had 160 degrees of forward flexion,

160 degrees of abduction, 70 degrees of external rotation and 50 degrees of internal rotation. Ten additional sessions of work hardening were recommended.

The Official Disability Guidelines (ODG) supports a work-hardening program. Ten physical therapy sessions over four weeks is recommended.

Following three significant shoulder operations, this shoulder may never function at its pre-injury level. This patient has achieved functional improvement with work hardening, associated with a good outcome after XXXX third operation. However, XXXX has already exceeded the treatment recommendations of the ODG. Additional work hardening does not guarantee a return to heavy demand labor for this patient.

The recommended treatment is not medically necessary. Therefore the prior determination is upheld.

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).
(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)**