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Notice of Independent Review Decision

July 23, 2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program (WHP) 10 sessions – 97545, 97546

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

American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME:

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Official Disability Guidelines criteria were used for the denials

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX who was injured on XX, when XX XX XX while XX. XX fractured XX right knee.

On XX, the patient underwent open reduction, internal fixation (ORIF) of the right patella fracture, left iliac crest bone graft harvest and application of postop brace. The postoperative diagnoses were right knee closed patella fracture, right shoulder contusion and right wrist closed scaphoid fracture.

On XX, XX, D.C., performed a functional capacity evaluation (FCE). The patient qualified at Sedentary/Light physical demand level (PDL) versus the Medium PDL required for XX job. The claimant was recommended continuing aggressive rehabilitation to improve XX physical deficits to allow a return to productive employment.

On XX, XX performed an FCE. The patient qualified at Sedentary/Light PDL versus the Medium PDL required for XX job.

On XX, XX M.D., performed post designated doctor's required medical examination (PDDRME) and agreed that the patient reached statutory maximum medical improvement (MMI) on XX, with 17% whole person impairment (WPI) rating.

An undated note from Dr. XX indicated the patient had attended 10 sessions of WHP from XX, through XX. XX exhibited limited range of motion (ROM) and flexibility in XX right shoulder and right knee region. XX ambulated with guarded gait favoring the right leg. The progress in the program was guarded. XX complained of moderate increase in XX symptoms to XX right shoulder and right lower extremity. XX complained of right knee and ankle stiffness and

discomfort with weight bearing activities and prolonged standing. The plan was to continue with WHP XX a Work Hardening Group Counseling Note was documented.

On XX, XX, PA-C, performed a follow-up evaluation. The patient had finished XX work hardening sessions. XX continued with daily pain and poor sleep due to the pain. XX was suggested to use knee brace at therapy sessions. The patient had decreased the use of methocarbamol. The musculoskeletal exam was notable for right knee crepitus, mildly decreased ROM in the right wrist, knee, and ankle. There was no swelling or deformity. There was tenderness on the lateral side of the right foot. The diagnoses were right shoulder contracture, right wrist pain, right leg pain, right foot pain, major depression and insomnia. The plan was to continue XX, XX XX and XX. XX was advised to continue daily exercise at home.

On XX, a Preauthorization request was completed by XX. Ten sessions of WHP (6-8 hours per session) 97545, 97546 were requested.

On XX a Notification of Adverse Determination was documented. The request for work hardening program (WHP) 10 sessions (6-8 hours per session) 97545, 97546 was denied. Rationale: *Per evidence-based guidelines, work hardening program is recommended as an option for treatment of chronic pain syndromes depending on the availability of quality programs with the goal of return to work. The patient had attended 10 sessions of work hardening program. However, there was no clear objective functional improvement from the prior sessions. During peer discussion the provider confirms the patient had completed the initial 10 days over a month ago and the current range of motion and functional level were not known. There was some discrepancy as to what the patient's physical demand level was at completion of 10 days as well during the peer discussion. The patient had some discrepancy regarding completion of a prior program as well based on prior certification but the provider indicates the patient was certified and did not proceed due to surgical intervention. There were several discrepancies as well as outdated evaluation for the program. The guideline also states that neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The request is noncertified."*

On XX, a Notification of Reconsideration Adverse Determination was documented. The denial for WHP 10 sessions (6-8 hours per session) 97545, 97546 was upheld. Rationale: *Per evidence-based guidelines, work hardening (WH) can be continued when there is evidence of significant gains as documented by subjective and objective improvement in functional abilities. In addition, the entire entity of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours and 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. The patient completed 10 sessions of work hardening recently with no clear objective gain in functional or psychosocial deficits. The patient is now nearly XX post-injury and there is no guideline support for use of work hardening over XX post-injury. Exceptional factors are not present. No additional information is obtained."*

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

According to ODG after ten days of work hardening functional gains must be seen and documented, which is not the case here. In addition, the individual is now almost XX post-injury and there is no guideline support for use of work hardening over XX post-injury. It is my opinion that the decision should be upheld as not medically necessary.

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

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES