True Resolutions Inc.

Notice of Independent Review Decision

Case Number: XX Date of Notice: 4/4/2019 12:44:27 PM CST

True Resolutions Inc.

An Independent Review Organization
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IRO REVIEWER REPORT

Date: 4/4/2019 12:44:27 PM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: additional XX weeks of work hardening for XX XX

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

REVIEW OUTCOME:

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

☐ Overturned	Disagree
☐ Partially Overturned	Agree in part/Disagree in part
☒ Upheld	Agree

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX who was injured on XX. XX. XX reported XX was performing XX job as a XX and was XX a XX XX of a XX when XX XX XX XX of the XX. XX attempted to XX the XX, and when XX did, XX felt a sharp pain in the XX XX. XX attempted to work the next few days, but the pain got worse. The ongoing diagnoses were XX XX XX XX tear, status post XX XX repair, XX decompression, XX XX XX, and XX XX.

XX. XX underwent a XX evaluation by XX on XX. XX indicated XX was experiencing a mild level of pain at 3/10 in XX XX XX. XX reported XX pain was 7/10 at its worst and 3/10 at its best. On a XX XX Inventory II (BDI-II), XX. XX exhibited XX XX with a score of 20. According to XX XX Inventory (BAI), XX. XX exhibited minimal XX with a score of 5. The XX-XX Beliefs Questionnaire revealed XX. XX scored 6/30 on the FABQ·- Physical Activity Scale, while scoring a 21/66 on the

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FABQ·- Work Activity Scale. According to the Injury Impact Questionnaire, XX. XX reported XX pain interfered and caused XX the inability to participate in XX and XX and affected XX XX XX. XX. XX reported functioning at 60% of pre-injury levels. On the POP (Pain Outcomes Profile) XX. XX reported experiencing minimal pain (3/10) at the time of the assessment. XX reported XX physical activity had moderate limitations (5/10). XX pain regularly did not interfere with XX ability to walk, XX, or climb stairs. In addition, XX reported a moderate level of energy (8/10) and strength and endurance (7/10). XX reported experiencing moderate XX (7/10) and minimal (4/10) XX. XX reported XX XX-XX was moderately impacted by the pain. According to the assessments, XX. XX had some XX and minimal XX. It was recommended that XX. XX attend the Work Hardening Program to benefit from the comprehensive multi-disciplinary approach.

On XX, XX performed a functional capacity evaluation. It was noted that after XX injury, XX. XX eventually underwent surgical intervention on XX. XX then completed several XX of therapy until XX plateaued. XX had not returned to work and had been referred for a functional capacity evaluation to determine XX functional abilities. XX presented with a reported pain level of 3/10. XX. XX reported XX job as a XX placed XX in a XX XX XX demand characteristic level, which was defined as lifting more than XX pounds infrequently and XX-XX pounds or less frequently. At the time of the evaluation, XX was functioning at a XX-XX physical demand characteristic level, which was defined as lifting XX pounds infrequently and XX pounds or less frequently. No range of motion deficits were noted. All tests were valid and consistent. Assessment of strengths revealed XX XX, good-to-normal strength throughout the XX on manual muscle testing, actual lifting abilities much higher than perceived abilities, and XX had a job to which to return. The assessment of weaknesses revealed continued complaints of XX XX pain, expressed XX of XX, not performing at physical demand characteristic level that equated to job demand, and decreased overall activity level. XX opined that at the time, XX. XX was performing lifts and carries at a physical demand characteristic level of XX-XX, as XX was able to lift XX pounds from the floor during evaluation. Unfortunately, XX job as a XX for XX XX required XX to lift up to XX pounds for a Physical Abilities Test prior to returning to work. XX could not meet this job requirement at the time. XX made very good progress before plateauing in XX therapy, but would benefit from a more intense and comprehensive Work Hardening Program to try and progress XX back to work. XX would benefit from the full body strengthening and conditioning as well as the job-specific work-simulation activities. XX had worked as a XX for over XX years and appeared a likely candidate to return to full duty following the program.

XX. XX underwent work hardening program sessions from XX through XX (XX sessions) and from XX through XX at XX (XX sessions).

The treatment to date consisted of XX therapy, XX XX repair, SAD, XX XX XX, and XX XX on XX, postoperative XX therapy, off-work status, and work hardening program.

Per a utilization review and Peer Clinical Review Report dated XX, XX non-certified the request for an additional XX weeks of work hardening for the XX XX. Rationale: “With regard to the additional XX weeks of work hardening for XX XX, according to a work hardening progress note on XX, there was documentation of the injured worker s/p XX XX XX XX tear with repair, XX decompression, XX XX XX, and XX XX and completed XX sessions of a work hardening program. There was also documentation of XX XX range of motion measurements unchanged compared to the initial evaluation, pain levels increased from 3/10 to 5-6/10, physical demand level (PDL) of medium heavy unchanged compared with the initial evaluation, and cardiovascular fitness decreased from good to fair, and the plan to complete the remaining XX session along with an additional XX sessions of the program to help return the injured worker XX work. However, no significant progress has been made from the previous work hardening including unchanged range of motion measurements, unchanged PDL, increased pain levels, and worsened XX fitness and this would not support the need for additional treatment in this program based on the guideline criteria and therefore, this request is non-certified.”

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On XX, XX wrote a letter requesting that the denial of XX. XX to continue participation in the Work Hardening Program be reconsidered. XX. XX was denied additional time in the Work Hardening program due to the fact that the peer reviewer stated XX had not made significant progress in lifting or in range of motion; however, XX. XX had functional range of motion overall, so the main focus had been strengthening. XX. XX was required to be able to lift / carry over XX pounds safely to complete all XX activities as a XX. XX. XX had increased XX maximum lift by XX pounds and XX maximum carry by XX pounds. XX was practicing work specific techniques using a XX XX XX transfers. XX demonstrated XX XX when present. As XX job required very heavy lifting, it was likely to take more time to progress with the heavier weights than if XX job was a lower physical demand capacity. XX was progressing well with the program and would likely progress towards XX established goals, if allowed an additional round of XX hours.

Per a utilization review dated XX and a Peer Clinical Review Report dated XX, XX denied the appeal request for an additional XX weeks of work hardening for the XX XX. Rationale: “After reviewing the submitted medical documentation I am recommending to non-certify the appeal request for additional XX weeks of work hardening for XX XX for the following reasons: The Official Disability Guidelines discuss Work Hardening in the Fitness for Duty chapter, and recommend a trial of XX to XX weeks, and specifically state the following: "Treatment is not supported for continuation beyond XX-XX weeks without evidence of patient compliance and demonstration of significant gains, documenting both subjective and objective functional improvement. Outcomes should reflect the goals initially proposed, including those specifically addressing deficits identified during the screening procedure. Progress summaries including physical and functional activities performed during the program should be provided.” While the injured worker has made quantifiable improvement with XX maximum lift and carry, XX has not made significant progress in subjective pain levels, initially reporting 3/10 and after XX sessions 5-6/10, as well as lack of gains in XX fitness, initially graded good and now graded fair. Based on the medical documentation provided, and using the evidence-based, peer-reviewed guidelines, recommendation is to non-certify this request.”

On XX, XX provided a letter of reconsideration for independent review organization (IRO). XX. Cooper requested to reconsider the denial of XX. XX to continue participation in the work hardening program. It was documented that XX. XX was denied additional time due to reports from the first peer reviewer that there was no significant progress in lifting or range of motion, which, as described above, was not the case. XX demonstrated good progression with weightlifting activities. In fact, the second reviewer stated XX did demonstrate “quantifiable improvements with XX maximum lift and carry.” However, the peer reviewer stated the reason for not continuing was because XX. XX's pain had gone from 3/10 to 5-6/10; however, while XX was reporting some higher pain complaints, XX was progressing with all activities and XX was not limiting XX progression, despite XX pain complaints. It was not unusual for a patient's complaints to increase during the program, and this was only a problem if it interfered with functional progression. This was not the case with XX. XX. In fact, XX was practicing on functional lifting activities, including XX XX using a XX. XX demonstrated XX XX while present.

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

The ODG states work hardening is not supported for continuation beyond XX weeks without evidence of patient compliance and demonstration of significant gains, documenting both subjective and objective functional improvement. It goes on to note outcomes reflect the goals initially proposed including those specifically addressing deficits identified during the screening procedure. The work hardening program progress note for week ending XX indicates XX sessions of work hardening had been completed within XX pound improvement in maximum lift and XX pound improvement in maximum carry. However, XX XX decreased from good to fair. In addition, pain increased from initial rating of 3/10 to 5-6/10 following nine sessions of work conditioning. The initial goals of the program were to

decrease complaints of pain to 2/10 and improve XX tolerance.
When noting these measures worsened with work hardening as opposed to improved, the request for additional XX weeks of work hardening for the XX XX is not medically necessary and the request is upheld.

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

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG, 2019: Fitness for Duty. Work conditioning, work hardening