



# Utilization Management Policy

## Work Conditioning

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### Policy Statement

The guidelines recommended for conducting safe, timely, efficient and successful Work Conditioning Programs can be described by the following components:

- a. Referral criteria
- b. Admission criteria
- c. Treatment standards
- d. Discharge criteria

#### Referral Criteria

- 1. A compensable injury has been appropriately reported
- 2. There is a recommendation for work conditioning by a physician, case manager, court order, or other appropriate parties
- 3. Physician's prescription

#### Admission Criteria

- 1. The client demonstrates potential to benefit from such a program i.e., has completed rehabilitative care.
- 2. The client's current levels of functioning interfere with his/her ability to carry out specific tasks required in the work-place.
- 3. The client may or may not have already transitioned to part-time or modified employment and requires such a program to further enhance current tolerance to work requirements.
- 4. The client does not display attitudinal, behavioral issues, psychosocial barriers, or significant chronic pain behaviors that would interfere with returning to work, and therefore, does not require psychological services.
- 5. Medical, psychological, or other conditions do not prohibit their participation in the program.
- 6. The client may or may not require continued modalities for symptom management.
- 7. Informed consent for treatment has been obtained.

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### Treatment Standards

- a. Evaluation by a physician, physical or occupational therapist. This treatment provider may include, but is not limited to the physical and/or occupational therapists, physical and/or occupational therapist assistants, and other licensed providers qualified by scope of practice .
- b. Quantitative measures of the client's impairments and dysfunction.
- c. Rehabilitation goals with a focus on improved function and return to work.
- d. Procedures for timely integration of the evaluation information to formulate an effective treatment plan. Documentation to be completed within 5-7 working days.
- e. Record review and maintenance, to include daily documentation of the client's therapeutic activities and response to treatment.
- f. Therapeutic activities address the following:
  - Mobility and flexibility
  - Strength and stabilization
  - Cardiovascular and muscular endurance
  - Safety and ergonomics
  - Injury prevention and wellness education
  - Tolerance to work requirements
- g. Periodic re-evaluation and documentation of progress, outcomes, and appropriateness to continue.
- h. Typical frequency and duration is 2 to 4 hours per day, 2 to 5 days per week, for 2 to 6 weeks dependant upon the client's needs.

### Discharge Criteria

1. Accomplishment of established goals
2. Return to work readiness
3. Plateau in physical and/or functional progress/maximum medical improvement
4. Change in medical condition
5. Non compliance with program policies and/or activities. The client is allowed no more than 3 unexcused absences; 5 days of tardiness are equivalent to 1 absence

### Coverage

Participation in Work Conditioning is limited to a maximum of one program per physician referral. However, there may be cases that warrant a repeat work conditioning programs or referral to a work hardening program. These cases will be reviewed individually based upon individual client/patient objective data compared to standardized norms.

A Work Conditioning Program shall be reimbursed for up to 4 hours per day for up to 5 days per week for a maximum of 6 weeks.

### **Purpose**

This policy describes the criteria and standards used by Optum\* (OptumHealth Care Solutions, LLC) for the clinically appropriate and medically necessary application of work conditioning programs CPT codes 97545 and 97546.

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## Scope

This document was developed primarily for Workers' Compensation products, where care management is being rendered for individuals who have musculoskeletal conditions that are medically stable, and demonstrate residual limitation of function and disability.

## Definitions

*Work Conditioning* is an individualized and structured rehabilitation program organized to improve function, and quality of life with a goal of return to work.

## Description

Work conditioning programs primarily consist of physical conditioning, injury prevention, and wellness education designed to return the client to his/her previous employment. Work conditioning provides coordinated and outcomes-oriented services in an outpatient setting.

## Background

### Purpose

Work conditioning programs are considered to be less comprehensive and structured than work hardening. Whereas work hardening programs utilize real or simulated work activities, work conditioning focuses on physical conditioning and functional activities related to work. Work conditioning programs can be supervised by a single provider and typically operate on a 2-4 hour/day basis, two-five days a week for up to six weeks.

### Patient Selection Criteria

The Work Conditioning client has received acute rehabilitation services and is expected to return to his/her previous employment; however, is unable to do so as a result of general deconditioning since the injury and his/her limited endurance or tolerance to work requirements. Once such a program is established the client is expected to become independent with safe performance of program activities.

Patient selection for work conditioning differs from criteria for work hardening in several aspects. Work conditioning is most suitable for individuals who, following conservative rehabilitation, exhibit functional and physical impairments that interfere with return to work, and do NOT demonstrate attitudinal, behavioral and/or significant chronic pain that also interfere with return to work. These individuals require a comprehensive care approach that promotes relative independence.

Work conditioning is a recommended treatment strategy only for injuries to the low back, neck/upper back, knee/leg, shoulder and forearm/wrist/hand. Work conditioning is not listed as a evidenced-based treatment strategy for ankle/foot, burns, carpal tunnel syndrome, elbow, eye, head trauma, headaches, hernia, hip/pelvis, mental illness and chronic pain.

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## **Provider Qualifications**

The components of a work conditioning program shall be performed by licensed providers qualified by scope of practice.

## **Reporting Requirements**

Written reports will include the following information:

- a. Patient demographics including work history
- b. Indication(s) for participation
- c. Specific interventions
- d. Outcomes/Discharge status
- e. Recommendations

## **Coding Information**

Note: The Current Procedural Terminology (CPT) codes listed in this policy may not be all inclusive and are for reference purposes only. The listing of a service code in this policy does not imply that the service described by the code is a covered or non-covered health service. Coverage is determined by the member’s benefit document.

<b>Code</b>	<b>Description</b>
97545	Work hardening/conditioning; initial 2 hours
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
97110 97530 97112	These therapeutic procedure codes may be billed in association with 97545, if these services were performed and documented in the patient health care record, when the aggregate time period accorded these codes is less than one hour.

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## References

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- Work Hardening/Work Conditioning Treatment Guidelines. *Oklahoma Workers' Compensation: Physician Advisory Committee*; adopted January 2002
- Work Hardening/Conditioning, Functional Restoration and Pain Management Programs for Injured Workers. *WorkCover*; Australia: adopted June 2002

## Policy History/Revision Information

Date	Action/Description
3/08/2007	Utilization Management Committee approved inactivation of the policy
4/12/2007	Quality Improvement Committee approved inactivation of policy
12/11/2008	Policy updated: placed into new format; and submitted to UMC for approval
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed; references updated
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review and approval completed
4/19/2012	Annual review and approval completed
4/18/2013	References updated; Annual review and approval completed
4/17/2014	Annual review and approval completed; Minor corrections in Description and Provider Qualifications sections; Patient Selection Criteria revised; References updated; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review and approval completed
4/21/2016	Annual review and approval completed; Updated references
4/20/2017	Annual review and approval completed; Updated references; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Policy inactivated
4/22/2021	Policy activated/approved after minor updates to the content and references
5/03/2022	Annual review and approval completed
6/29/2022	Updated legal entity name "OptumHealth Care Solutions, LLC." to *Optum™ Physical Health ("Optum") includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed

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	Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc.
4/27/23	Annual review and approval completed; no significant changes made to the document. Updated contact email from <a href="mailto:policy.inquiry@optumhealth.com">policy.inquiry@optumhealth.com</a> to <a href="mailto:phpolicy_inquiry@optum.com">phpolicy_inquiry@optum.com</a> .

### Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: [phpolicy\\_inquiry@optum.com](mailto:phpolicy_inquiry@optum.com) with the word “Policy” in the subject line.

The services described in Optum\* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum’s administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member’s SPD or COC, the member’s SPD or COC will govern.

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