



Utilization Management Policy

Work Hardening

Table of Contents

Policy Statement.....	1
Purpose.....	3
Scope.....	3
Definitions.....	3
Description.....	3
Background.....	4
Coding Information.....	5
References.....	5
History.....	6

Related Policies

- [Functional Capacity Evaluation](#)
- [Work Conditioning](#)

Policy Number

481

- Original Effective Date: 3/2007
- Current Approval Date: 4/20/21
- Next Review: 4/2022
- Category: Imaging/Testing

Policy Statement

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

- Referral criteria
- Admission criteria
- Treatment standards
- Discharge criteria

Referral Criteria

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

Admission Criteria

- The client demonstrates potential to benefit from such a program i.e., has completed rehabilitative care.
- The client's current levels of functioning interfere with his/her ability to carry out specific tasks required in the work-place or in the work force or in regards to activities of daily living.
- Have a targeted job or job plan for return to work at the time of discharge.
- 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.
- The client displays attitudinal, behavioral issues, psychosocial barriers, or significant chronic pain behaviors that interfere with returning to work, and therefore, requires psychological intervention.
- The client requires vocational assessment and/or assistance to return to the competitive work force when return to previous level of employment is inappropriate.
- Medical, psychological, or other conditions do not prohibit participation in the program.
- The client may or may not require continued modalities for symptom management.
- Informed consent for treatment is obtained.

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Treatment Standards

- a. Evaluation and treatment are typically administered by an interdisciplinary team consisting of the program director and a group of designated staff members who are familiar with industrial rehabilitation. This team may include, but is not limited to the client, treating physician, psychologist, vocational counselor, physical and occupational therapists, physical and occupational therapist assistants, and other licensed providers qualified by scope of practice .
- b. Evaluation by a physician, physical or occupational therapist includes assessing the following:
 - Musculoskeletal status
 - Cardiovascular status
 - Vocational status
 - Attitudinal/motivational status
 - Behavioral status
 - Cognitive status
 - Functional work capacity
 - Issues of safety
 - Issues of accommodation and/or modifications
- c. Quantitative measures of the client's impairments and dysfunction.
- d. Rehabilitation goals with a focus on improved function and return to a productive lifestyle.
- e. Procedures for timely integration of the evaluative information to formulate an effective treatment plan. Documentation to be completed within 5-7 working days.
- f. Record review and maintenance to include daily documentation of the client's therapeutic activities and response to treatment.
- g. Therapeutic activities may address the following:
 - Mobility and flexibility
 - Strength and stabilization
 - Cardiovascular and muscular endurance
 - Pain Management
 - Cognitive-behavioral issues
 - Stress and anger management in the work-place
 - Safety and ergonomics
 - Injury prevention and wellness education
 - Tolerance to specific or general work requirements
 - Tolerance to activities of daily living
- h. Program provides an area that supports simulated or real work opportunities in a safe environment.
- i. Periodic re-evaluation and documentation of progress, outcomes, and appropriateness to continue.
- j. Routine staff conferencing regarding client's status, progress, goals, and plan.
- k. Typical frequency and duration is 4 to 8 hours per day, 3 to 5 days per week for 2 to 8 weeks, dependant upon the client's needs.
- l. Vocational consultation available as appropriate.

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.



Utilization Management Policy

Coverage

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

A work hardening program shall be reimbursed for up to 8 hours per day for up to 5 days per week for a maximum of 8 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 hardening programs CPT codes 97545 and 97546.

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 Hardening is defined as an individualized, comprehensive and structured program organized to improve function, quality of life, and pain management skills for clients with pain that interferes with vocational, physical, and psychological functioning. The program provides coordinated, outcome-oriented, interdisciplinary team services in an outpatient setting designed to minimize risk and optimize the work capability of the client served.

Description

Work hardening programs are considered to be more comprehensive than work conditioning in that they are typically delivered by a range of health professionals and may be residential in nature. Real or simulated work activities are used to restore physical, behavioral and vocational functions. These programs often operate on an 8 hour/day basis, five days a week for up to eight weeks.

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Background

Purpose

The goal of work hardening is to restore an individual's physical, functional, behavioral, psychosocial and vocational skills in preparation for returning to the productive work force.

The program primarily consists of:

- physical conditioning
- simulation of specific and/or general work requirements
- training and/or modification of activities of daily living
- injury prevention and wellness education
- cognitive-behavioral pain management training
- education designed to return the client to his/her previous employment or the productive work force, and improve his/her level of functioning.

Patient Selection Criteria

The work hardening client has received conservative rehabilitation services and requires continued training, which is progressive and goal-oriented toward returning to a productive lifestyle, previous employment, or the competitive work force.

Patient selection for work hardening differs from criteria for work conditioning in several aspects. Work hardening is most suitable for individuals who in addition to functional impairment also demonstrate attitudinal, behavioral and/or significant chronic pain, which interfere with return to work. These individuals require a highly individualized care approach that offers more direction.

Work hardening is a recommended treatment strategy only for injuries to the low back, neck/upper back, knee/leg, shoulder and forearm/wrist/hand. Work hardening 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.

Provider Qualifications

The components of a work hardening 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.

Code	Description
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.

References

- Current Procedural Terminology (CPT) Manual, Professional Edition. *American Medical Association*
- Denniston PL, Whelan P. Official Disability Guidelines. 18th Ed. 2013; *Work Loss Data Institute*: <http://www.worklossdata.com/>
- Guidelines: Occupational Health Physical Therapy: Work Conditioning and Work Hardening Programs. *American Physical Therapy Association* <http://www.apta.org>
- Lechner DE. Work Hardening and Work Conditioning Interventions: Do They Affect Disability. *Physical Therapy* 1994;74:471-493
- Post M, Krol B and Groothoff JW. Work-related determinants of return to work of employees on long-term sickness absence. *Disability and Rehabilitation* 2005;27:481-488
- Medicare Benefit Policy Manual. *Centers for Medicare and Medicaid Services (CMS)*; <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>
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- Rehabilitation Therapy Utilization Guidelines for the Care and Treatment of Injured Workers. *Wyoming Workers' Safety and Compensation Division*; R02/8/08
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- Vogel N, Schandelmaier S, Zumbunn T, et al. Effect of return-to-work coordination programmes for workers on sick leave. *The Cochrane Library* Published 30 March 2017
- 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

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Utilization Management Policy

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	Reference list updated; Annual review and approval completed
4/17/2014	Annual review and approval completed; Minor addition to Admission criteria; 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	Minor revision to Purpose. Updated references. Annual review and approval completed
4/20/2017	References updated; Annual review and approval completed; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Policy was inactivated
4/22/2021	Policy was updated and activated

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: policy.inquiry@optumhealth.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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