

<b>Case Number:</b>	CM13-0022086		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old male who reported an injury on 02/01/2012. The mechanism of injury was a motor vehicle accident. His diagnoses include cervical spine myoligamentous injury, bilateral shoulder internal derangement, lumbar spine myoligamentous injury, and bilateral knee internal derangement. His previous treatments include medications, injection, physical therapy, TENS unit, chiropractic care, and shockwave therapy. Per the clinical note dated 08/05/2013 the injured worker reported he had intermittent cervical spine pain, bilateral shoulder pain, low back pain, and bilateral knee pain. The injured worker stated he had only completed approximately 2 weeks of physical therapy and he felt his condition was not improving. He also reported that he felt he had increase weakness and his medications were not helping to reduce his pain. On physical examination of the lumbar spine, the physician reported the range of motion with flexion was 70 degrees, extension 30 degrees, left and right lateral bending 30 degrees, and left and right rotation 30 degrees. The physician reported that the straight leg test was positive on the right at 80 degrees and on the left at 70 degrees. The deep tendon reflexes were noted at 1+ on the patella and 2+ on the Achilles tendon. The physician reported the injured worker's lower extremity sensory evaluation was within normal limits in all planes. The physician's treatment plan included a recommendation for physical therapy with work hardening of the low back and shoulders 3 times a week for 4 weeks to decrease pain and increase function. The current request is for Physical therapy with work hardening (3) times a week for (4) weeks for the lumbar spine and the rationale was to decrease pain and increase function. The request for authorization was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy with Work Hardening (3) Times a Week For (4) Weeks for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** The California MTUS Guidelines indicate that work hardening is recommended as an option depending on the availability of quality programs. Approval of these programs should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program and the worker must be no more than 2 years past the injury. The treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The clinical documentation provided the injured worker reported that he had completed 12 sessions of physical therapy without improvement. However, there were no documents provided from physical therapy to indicate that he had plateaued with his therapy, and would not likely benefit from continued physical therapy or general conditioning. The documentation also failed to indicate the job specifics to include the injured worker's regular occupational duties. Therefore, due to the lack of documentation to indicate that the injured worker had a screening process that included file review, interview, and testing to determine likelihood of success in the program, the request would not be supported. As such, the request for physical therapy with work hardening (3) times a week for (4) weeks for the lumbar spine is not medically necessary.