

<b>Case Number:</b>	CM15-0045765		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 55 year old male who sustained an industrial injury on June 19, 2013. The injured worker was diagnosed with lumbar spondylosis, foraminal stenosis L5-S1 with radiculopathy, left shoulder repair and left jaw pain. The injured worker underwent a left arthroscopic subacromial decompression/SLAP lesion debridement (no date documented). According to the primary treating physician's progress report on February 9, 2015, the injured worker continues to experience left shoulder tenderness and limited range of motion with pain. There is noted spasm of the left cervical trapezius/deltoid musculature. Examination of the lumbar spine demonstrated tenderness limited range of motion with pain and positive straight leg raise. Current medications consist of Hydrocodone, Cyclobenzaprine, Naproxen, Tramadol and Pantoprazole. Treatment plan was to continue with transcutaneous electrical nerve stimulation (TEN's) unit, lumbar brace, prescribed medications, physical therapy for the left shoulder and the requested authorization for lumbar physical therapy with work hardening/conditioning of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine with work hardening/conditioning, three times weekly for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** As per MTUS Chronic pain guidelines, Work conditioning may be considered under specific criteria. Pt fails multiple criteria. Basic criteria that is especially noted, is that criteria requires an adequate trial of physical therapy/occupational therapy with a plateau that is not likely to improved with continued therapy. Documentation states that patient has completed a round of physical therapy and UR has approved additional PT sessions. Work Hardening is not medically necessary.