

<b>Case Number:</b>	CM14-0121588		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 34 year old male who was injured at work on 02/05/2013. The injured worker is believed to have torn the muscles around his right shoulder when he forcefully reached out his hands to support his senior colleague and a patient who were about falling. Since then, the injured worker has been suffering from pain in his right shoulder, neck, upper back and lower back. The Pain is intermittent, worse with any form of movement, it is associated with limitation in range of motion of the affected areas. The physical examination revealed limited lumbar range of motion, positive tenderness over the lumbar spine. The injured worker has been diagnosed of Cervicalgia, Cervical sprain/strain, left shoulder strain, lumbar strain, Lumbar spine trace disc bulge at L4-L5 per MRI 09/12/13, Acid reflux indstrially aggravated , Treatments include acupuncture, eight sessions of physical therapy, Omeprazole, Robaxin, Celebrex and Vicodin. At dispute is the request for for Physical Therapy 2x4 lumbar for work hardening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x4 lumbar for work hardening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Work Conditioning, Work Hardening.

**Decision rationale:** The injured worker sustained a work related injury on 02/05/2013. The medical records provided indicate the diagnosis of Cervicalgia, Cervical sprain/strain, left shoulder strain, lumbar strain, Lumbar spine trace disc bulge at L4-L5 per MRI 09/12/13, Acid reflux industrially aggravated. Treatments have included acupuncture, eight sessions of physical therapy, Omeprazole, Robaxin, celebrex and Vicodin. The medical records provided for review do not indicate a medical necessity for physical therapy and it is not recommended by the MTUS guidelines. It is not clear whether the request is for physical therapy or work hardening, since the guidelines considers these as separate approaches for chronic pain conditions. Also, the medical records reviewed did not provide any screening information on the injured worker. Screening is recommended before work hardening, and the multidisciplinary screening should include future employability, vocational, motivational, behavioral, and cognitive status, and diagnostic interview with a mental health provider, determination of safety issues and accommodation at the place of work injury. There was no indication the injured worker had done a Functional Capacity Evaluation prior to this request, neither was there evidence there is a program timeline or return to work goal in place before this request. Therefore, the requested treatment is not medically necessary.